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COURSE OF LECTURES
ON
DISEASES OF THE SKIN;
THEIR
HISTORY, PATHOLOGY, AND TREATMENT.

Delivered in the Middlesex Hospital, during the Summer Session, 1842, *by*

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LECTURE XXII.

PEMPHIGUS.

PEMPHIGUS, a term derived from the Greek word πεμφιξ, a bubble, is sufficiently applicable to the form of cutaneous disease which it is employed to designate, and which consists in the evolution of bladders formed by the epidermis, and containing a serous fluid. The bladders, or bullæ, present every variety of size, from the merest vesicle to that of the size of a walnut, or pullet's egg; they are developed on a patch of inflamed and erythematous skin, and they occur either partially or generally on any part of the surface of the body. Pemphigus is always associated with disorder of the system, and the extent of that disorder influences the appearance of the contents of the bullæ; under a moderate degree of constitutional disturbance the serous fluid is transparent and colourless, or simply yellowish; but in a more severe state of disorder the fluid may be more or less purple, from admixture with blood, or it may be turbid and puriform. The bullæ arise on the surface in a remarkably short space of time; a spot perfectly free at night may be covered with bladders by the morning, and their decline is in some instances equally speedy. They terminate usually by rupture of the bullæ and dessication of the epidermis into a thin brownish scab; in other instances the serous fluid evaporates, and a scab is similarly formed, the scabs leaving at their fall a congestion of the dermis, which lasts for several weeks, and denotes the character of the previous affection. Pemphigus frequently endures for a very considerable period in despite of all the remedies employed for its treatment, lasting for months, and sometimes for years.

The varieties of pemphigus indicated by different authors, are, from their number, truly ludicrous, and convey a merited sarcasm on the inventive genius of cutaneous writers; thus, we have a pemphigus congenitus; p. infantilis; p. simultaneus; p. successivus; p. solitarius; p. confluens; p. acutus; p. chronicus; p. pyreticus; p. apyreticus, &c. Willan has a pemphigus infantilis; p. vulgaris; together with a pompholyx benignus; p. solitarius; and pompholyx diutinus. But, in the first place, there exists no legitimate distinction between pemphigus and pompholyx (πομφολυξ, a water-bubble), and in the second all the varieties of the disorder may be considered in their two states of acute and chronic, the former of these states including the pemphigus vulgaris, pompholyx benignus, and pompholyx solitarius of Willan, and the latter his pompholyx diutinus.

PEMPHIGUS ACUTUS.

Acute pemphigus is characterised by the brevity of its course rather than by the severity of its symptoms. It occurs mostly in children and young persons, is accompanied by a moderate degree of constitutional disturbance, and terminates within a period varying from one to four weeks. The constitutional symptoms of acute pemphigus vary very much in their intensity, in one case being so trifling as scarcely to excite attention, and in another rising to serious disorder of the nervous and vascular systems, and even to delirium. Irritation of the gastro-pulmonary and urino-sexual mucous membranes is a common concurrent symptom.

The cutaneous eruption is usually preceded by some degree of languor and listlessness, by loss of appetite, nausea, and quickened circulation; it is first apparent in the form of small red spots, which increase to the size of circular patches, and in the centre of these patches the epidermis gradually arises distended with a serous fluid. The bullæ present considerable variety in

regard to distribution; in some instances they are disseminated regularly over the surface, in others they are scattered, or collected into patches of small dimensions; and in others, again, as in the kind termed by Willan pompholyx solitarius, the bulla is single, and attains an inordinate bulk. The bullæ also vary in relation to the size of the patch on which they are seated; in some instances the bulla covers completely the erythematous patch, while in others the bulla is much smaller than the patch, and the latter forms around its base an areola of variable dimensions. The after progress of the bulla also presents the varieties which I have indicated in the general definition of the disease; usually the bullæ burst, and give rise to excoriations, upon which a thin brownish scab is subsequently formed; in other instances the effused fluid dries up, and, together with the including epidermis, forms a temporary scab; while in other cases, previously to these changes, the fluid is altered, —from being limpid it becomes turbid, and from being colourless it becomes either sanguineous or purulent. The eruption is sometimes consentaneous, at others it is successive, and consequently liable to be prolonged in its duration.

An extremely rare modification of pemphigus acutus, termed by Willan pompholyx solitarius, is remarkable for its limitation to a single bulla, and for the large size of the latter, which has been found to contain several ounces of serous fluid. From its great bulk and the necessarily extensive surface exposed on the rupture of the epidermis, it is usually followed by superficial ulceration. At the end of one or two days after the rupture of this bulla, another appears in its neighbourhood, and, like the preceding, runs a course of two days, and bursts in the same manner; and this may be followed by five or six successive bullæ, each pursuing a similar course. Willan remarks, with regard to this variety of pemphigus, that "it is a disease which rarely occurs, and seems only to affect women. I have," he says, "seen three cases of it; in one the left arm was affected, in the other two the breasts. The excoriations occasioned pain and irritation, with partial hardness in the substance of the breast."

PEMPHIGUS CHRONICUS.

Pemphigus chronicus corresponds with the pompholyx diutinus of Willan, and, as the latter term implies, is remarkable for the length of time during which it continues to vex the patient in despite of the treatment employed for its relief. The symptoms by which it is accompanied are less active than those which attend the acute form of the disorder, and are limited to some slight degree of nausea, headach, and lassitude. The coexisting disorder of the mucous membranes is more evident; thus, there are not unfrequently aphthæ developed on the mucous membrane of the mouth, the intestinal irritation is considerable, and occasionally there is dysuria and hæmaturia. I have also seen chronic pemphigus associated with obstinate bronchial disorder. Chronic pemphigus sometimes recurs for several successive years, appearing at certain seasons, as in the spring or autumn; at other times it continues with little variation for many months; it is more painful than the acute variety, and occurs in the persons of those who are weakly, and reduced in powers of constitution.

The local eruption pursues the same course with that of the acute variety, but is somewhat more tardy in its progress; the bullæ may generally be seen in all their stages at the same time, and they are frequently developed in small confluent clusters, particularly on the face.

Chronic pemphigus is occasionally complicated with prurigo, and in old persons the complication may prove fatal.

Diagnosis.—Pemphigus is one of those diseases which is very easily distinguished, —the bullæ, with intervals of unaffected skin, at once indicate its nature. These bullæ, mounted on small circular erythematous patches, are widely different from the bullæ on the highly inflamed and tumid surface of erysipelas. They are less strikingly contrasted with the smaller, flattened, and sparingly disseminated bullæ of rupia, but the after characters of the two diseases are widely opposite. The bullæ of rupia are followed by deep and foul ulcerations, and by scabs of remarkable structure and magnitude.

Causes.—Acute pemphigus is chiefly referrible to irritation of the mucous surfaces; in some instances it appears to depend on dentition, in others on disorder of the alimentary system, and in a third series on irritation of the uterine mucous membrane. Occasionally it is seen as a complication of vaccinia, and it has also been found to accompany intermittent fever. Cases are on record showing its prevalence as an epidemic disorder, and a variety of this disease, described by Sauvages under the name of *pemphigus indicus*, occurs as a symptom of dysentery.

The causes of chronic pemphigus are all such as tend to reduce the powers of the system; it is, therefore, met with in the old and infirm, and less frequently in children than the acute form. Among the exciting agencies in the production of chronic pemphigus may be enumerated bad and deficient food, intemperance, cold, residence in an unhealthy locality, fatigue, anxiety, &c. I have seen this disease a sequela of scarlatina, and the reduced state of the powers of the system in which it occurs may be inferred from the observation of Biett, that

he had frequently found a fatty liver in those who had died with chronic pemphigus.

Prognosis.—Pemphigus is always a disease of unfavourable augury, from its frequent association with depression of the powers of the constitution. In the chronic form, as I have already observed, it is obstinate, and frequently fatal. Rayer alludes to a case in which the eruption appeared to act beneficially in relieving a patient who had suffered from repeated attacks of hæmoptysis.

Treatment.—Where the patient is of full habit and sufficiently strong, and the fever acute, great benefit may be derived from a moderate general bleeding, seconded by an active purgative and antiphlogistic regimen. But this plan requires to be practised with care, for symptoms of debility speedily succeed to the acute stage, and call for the employment of tonics. When the symptoms are less severe, moderate purgatives, with the usual anti-febrile remedies and diluents, are all that will be needed.

Chronic pemphigus requires a tonic plan of treatment, with generous diet. The mineral acids, combined with bitters or with bark, are well suited to these cases. I have also seen much benefit result from the use of the hydriodate of potass; and the shower-bath, when the patient can bear it, I regard as a remedy of the first importance. After all medicines had proved ineffectual in one case of this troublesome disease, the patient was cured by setting them aside at my request and using the shower-bath daily. Rayer, I should imagine in despair, had recourse to the arseniate of soda in an obstinate case of pemphigus.

When the indications of the disease point to any of the viscera or mucous membranes as the exciting causes of the local disorder, your remedies must necessarily be directed towards them; to the alimentary system, for instance, or to the uterine system.

I have derived much advantage in some instances of cutaneous eruption, of obscure origin, by seconding, as it appeared to me, the efforts of nature in evolving a cutaneous exanthem. I have recently met with a remarkable instance of severe bronchial disorder, of years' standing, which was entirely cured by effecting that which nature seemed to aim at in vain; and I believe that cases of chronic pemphigus might be much benefited by such a plan. I use for this purpose a liniment of croton oil, containing a drachm to the ounce of olive oil, and applied by means of friction to the whole surface of the sound skin, or baths containing mustard.

In regulating the local management of the bullæ of pemphigus your object should be to prevent the formation of excoriations. This is best effected by opening them early, and pressing the epidermis gently on the parts beneath. When excoriations have formed, the surface should be dusted with some absorbent and moderately astringent powder. These form a crust upon the denuded dermis, beneath which the excoriation heals. Sometimes you may derive advantage from an astringent lotion, or from one containing sulphate of zinc, or nitrate of silver, or from the application of tincture of catechu or benjamin. When the local disorder is inflamed and irritable it may be necessary to employ emollient and anodyne fomentations. As an ordinary therapeutic application, the calamine ointment is an useful medicine.

RUPIA.—ATONIC ULCERS.

Rupia may be regarded as a modification of pemphigus occurring in weakly and cachectic constitutions. It is known by the production of bullæ of smaller size and flatter than those of pemphigus, the bullæ being few in number and dispersed at irregular distances on the skin. Like the bullæ of pemphigus, they are developed on a patch of erythema, which sometimes scarcely exceeds in size the base of the bladder, and at other times extends to some distance around it, so as to form a considerable areola. The contents of the bullæ are, for the most part, limpid and colourless at first; frequently, however, they are sanguinolent and dark-coloured, and occasionally puriform and opake. When the bulla bursts, a copious secretion, poured out by the excoriated surface, concretes and dessicates into a moderately thick crust, which becomes laminated by the successive addition of new layers of dessicated matter at its base, and thus attains considerable thickness. The crusts of rupia, being composed of a purulent ichor more or less discoloured with blood, are generally of a dark-brown colour, sometimes, in parts, approaching to black. The form of the crust is also subject to variation, at one time being nearly uniform in thickness, and resembling an oyster-shell; at another being conical in its shape, much thicker in the centre than at the circumference, and resembling the shell of the limpet. On the fall of the crusts the dermis beneath is found deeply ulcerated, the appearance of the ulcers being foul and unhealthy, burrowing beneath the adjacent skin, and pouring out an ichorous and fetid discharge. These ulcerations are exceedingly obstinate, resisting the means adopted for their cure, and continuing for several weeks, and even months.

The varieties of rupia are three in number, namely,

Rupia simplex,
" prominens,
" escharotica.

RUPIA SIMPLEX.

The simplest form of rupia is that in which the disease possesses, in the most

moderate degree, the general characters which I have just described. The bullæ are circular in their form, and vary in size from that of a sixpenny to a shilling-piece; they are developed without any marked alteration of the skin preceding their appearance, and the ulcerations they leave behind them are superficial, and less troublesome than those of rupia prominens. I observed to you, on my first mention of rupia, that the disease is invariably dependent on a cachectic state of constitution in the sufferer; hence the local disorder maintains the ordinary characters of atony and debility, the edges of the ulcer are purplish and livid, the areola, if there be one, surrounding the ulceration is also livid and purplish, and the congested patch which it leaves behind it presents the same appearance. This livor of the tissues affected with rupia, with the transudation of the biliary elements of the blood, the consequence of tardy circulation, into the areolar textures around, gives often to the seat of this disease the coppery hue so generally regarded as an evidence of syphilitic disease; and this error has spread so far that the unfortunate subject of rupia is frequently made to bear a stigma on his moral character in addition to the misery entailed by his physical disorder. I have heard a surgeon of eminence assert that rupia was always a disease of syphilitic origin. Such an opinion is altogether anti-physiological, and consequently erroneous. And I have no hesitation in declaring that a majority of the cases of diseases of the skin pronounced to be syphilitic have no connection whatever with syphilis, either proximately or remotely. Rupia is undoubtedly a disease of cachexia; cachexia is induced by a variety of causes, and one, among many, is syphilis and the mercurial treatment of syphilis. In syphilitic cachexia we may have rupia, consequently syphilitic rupia; but this surely affords no grounds for attaching suspicion to all those who may have the misfortune to be the subject of this disease. The more frequent seat of rupia simplex is the lower extremities.

RUPIA PROMINENS.

Rupia prominens is more severe than the simpler variety; it is preceded by an erythematous redness of the skin, in the form of patches; the bullæ are of greater extent; the contents of the bullæ darker-coloured; the ulcerations deeper and widely burrowed; and the crusts thicker, darker, and harder. Indeed, it is the thickness of the crusts that has gained for the disease its appellative, prominens, the term rupia, derived from ῥυπος, sordes, having relation to the filthy concretions which, without cleanliness, collect upon and around these sores.

I have before remarked that the crusts of rupia prominens are conical in shape and laminated in structure. This peculiarity of form and structure of the crust has reference to the mode of its production; for instance, after the formation of the first crust, the effusive and ulcerative action continuing beneath it, the epidermis becomes raised around its base, and a fresh deposit is made to the under surface of the crust, extending as far as the limit of the newly-raised epidermis. The effusive and ulcerative process still remaining unchecked, and again advancing beneath the adjacent epidermis, another addition is made to the base of the crust, and the same process is continued progressively until by successive deposits the crust attains its remarkable form, a form that has been aptly compared to a limpet shell. The process of formation of the crust usually advances for some days and then stops, but the crust often remains adherent for a week or more afterwards. At its fall, a deep, foul, ulcer, with thin livid excavated edges and an inflamed areola, is discovered beneath. The ulcer sometimes secretes a new crust, but at other times, and more frequently, remains open, pouring out a quantity of fetid ichorous discharge, and obstinately resisting treatment.

Rupia prominens is usually developed on the extremities, and more frequently on the lower than the upper. The bullæ are usually two or three in number, and the disease may be seen in every stage of its progress at the same time: on one spot, the erythematous patch; on another, the bulla advancing in distention, and filled either with transparent and limpid, or turbid and purulent fluid; in a third place is the deep foul ulcer; and in a fourth, perchance, the cicatrix of a healed ulcer surrounded by a congested and purplish stain. The congested stain of rupia remains visible for several months.

RUPIA ESCHAROTICA.

Rupia escharotica, in some respects, bears resemblance to pemphigus, particularly in the absence of the thick rough crusts which are so conspicuous in rupia; hence it has been described by some authors under the name of pemphigus gangrenosa. That form of disease which is termed by Willan pemphigus infantilis, is also identical with rupia escharotica, the essential character by which rupia differs from pemphigus being the deep and foul ulcerations, which accompany the former and are rarely met with in the latter.

Rupia escharotica is developed in the form of bullæ, which are raised on spots of a purplish or livid hue. The bullæ are smaller than those of pemphigus or of the other varieties of rupia; they are irregular in their form; they contain a sanguinolent serous fluid, which becomes turbid and very dark-coloured, and they are surrounded by a purplish areola. When the bullæ burst they leave behind them small ulcers, which

are foul and excavated, irregular in their form, and have thin undermined edges. Sometimes the parts beneath the bullæ are in a state of gangrene, and the dead skin is thrown off by sloughing. The ulcers pour out an abundance of sanious discharge, and are troublesome and tedious under treatment. The bullæ of rupia escharotica usually appear in successive crops, and the disease is prolonged for a considerable period. The local disorder is accompanied by feverishness and nervous irritability, and the patient is often worn out by the irritation induced by the continuance of the disease. Rupia escharotica is most frequently met with on the lower limbs, it also occurs on the trunk of the body, the neck, and organs of generation; on the face it is less common.

Diagnosis. — Rupia bears considerable analogy to pemphigus, but, as I have endeavoured to show you, there are several striking differences between them. The smaller size, flatness, and irregularity of the bullæ; their frequently sanguinolent and turbid contents; the thick, laminated, dark-coloured and rugous crusts; and the deep ulcerations which succeed, are characteristic of rupia, while the characters of pemphigus are the very reverse of these: the bullæ are large, full, and regular; their contents are mostly limpid and transparent; their scabs are thin and pellicular, and there are either no ulcerations or the latter are very superficial.

There is one other disorder which might be confounded with rupia, it is ecthyma; but ecthyma is a pustular disease; the pustules are not elevated above the surface to the same extent with the bullæ of rupia; they are surrounded by a highly inflamed areola, and the scabs, though hard, thick, rugous, and dark-coloured, are set in the skin so as scarcely to rise above its level.

Causes.—Rupia is a disease of cachexia, and may occur in debilitated constitutions from any cause that shall have the power of reducing the powers of the system, such as long-continued illness, want of food, mental depression, intemperance, absence of cleanliness, &c. It has been observed as an after consequence of measles, small-pox, and scarlatina. It has been seen, also, in association with purpura hæmorrhagica. Bateman, Biett, and Plumbe, consider rupia to bear some analogy to ecthyma, and cases are recorded in which these diseases have been seen combined. The escharotic variety of rupia is occasionally seen in weakly infants and sometimes in aged persons.

Treatment.—That which is most essentinl in the treatment of rupia is attention to the general health, and the employment of those measures which are best calculated to restore the powers of the system and remove the cachexia. For this purpose you must have recourse to tonic medicines and a generous diet, aided by exercise and by the warm and cold bath. The best tonics for rupia are wine; honest beer, if it can be found; bark with mineral acids and bitter infusions, such as hops, wormwood, and gentian. As soon as the strength permits, the shower-bath, with dry frictions, will be found very serviceable.

The local treatment of rupia consists in opening the bullæ at an early period and pressing the epidermis gently with a piece of dry lint, keeping the lint applied by means of a light bandage. Water-dressing, also, is sometimes efficacious. More frequently, however, it will be found that these simpler means have no influence on the ulcerations which follow, at least, not until the system becomes affected by the general treatment; we must then employ stimulating applications, beginning with the milder kind and proceeding to the more active. The best of these stimulating medicaments are lime-water, sulphates of copper, alumina, and zinc, nitrate of silver, nitric acid, &c.; there are, besides, numerous others which the mind of each practitioner will suggest. Rayer recommends that the ulcers should be dusted with cream of tartar, while a favorite application of Biett is an ointment of the proto or deuto-ioduret of mercury. In a very obstinate case of rupia prominens of the upper extremity, I succeeded in healing the ulcers, after divers applications had failed, by injecting a strong solution of alum beneath the undermined edges. Whatever the medicinal substance employed, however, the loose edges of the sores should be compressed against the surface beneath, either by plasters or bandage.

Poisoning by Common Cerate.—The following circumstances suggest the necessity of extreme caution in the manufacture and use of common cerate, which may be equally liable to become injurious in this country as in any other from the cause about to be specified. A French practitioner having ordered one of his patients, a man fifty-five years of age, to apply plain cerate to heal some blisters on his arms, the patient purchased some of a druggist for the purpose. Next day he was restless; the arms were inflamed and painful; tongue red and dry; thirst intense; pulse small, irregular, and frequent; headach, gripings, involuntary contractions of the muscles of the legs and back, &c., were present, and the patient died. Similar symptoms manifested themselves a few days afterwards in another patient, a little girl, who had had occasion to use cerate purchased of the same druggist; but this case did not terminate fatally. The practitioner now inquired narrowly respecting the manufacture of the cerate, and found that it had been composed of *the ends of wax candles, in making which arsenic had been employed.*—*Gazette des Hôpitaux.*

THE PHYSIOLOGY AND PATHOLOGY OF THE SALIVA.

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(Continued from p. 191.)

ACID SALIVA (*continued*).

Having treated of acid saliva in a theoretical and experimental sense, it now becomes us to consider its pathology in its more immediate application to practical medicine. There are four principal sources to which acidification of the saliva may be referred. These are the following:—

1. A derangement, *per se*, of the salivary glands.

2. An undue prevalence of acid in the system, from constitutional or other causes.

3. Subacute inflammation of the mucous membranes of the stomach and bowels, with or without the usual signs of indigestion.

4. The various morbid conditions of the digestive apparatus comprehended by the term dyspepsia.

To one or other of these causes is acidity of the saliva to be attributed, no matter what the disease which such condition of the salivary secretion may accompany.

A spontaneous derangement in the function of the salivary glands, unaccompanied by any appreciable disorder of the secernent organs, is not a very common ailment, though it has occurred to me to see several instructive examples of it. The symptoms which precede this affection are remarkably variable, but for the most part consist of aching or stiffness of the jaws, numbness of the tongue, singing in the ears, a pricking or tingling sensation in the salivary glands (chiefly the parotid), a sense of heat and tumefaction, or of coldness, in the neighbourhood of the salivary glands, unusual moisture of the mouth, &c. To these succeeds the secretion of acid saliva, at periods varying from six to twenty-four hours. The patient is immediately sensible of the alteration in his saliva, and the impression never leaves him whilst the acidification continues and the stomach is not disturbed by it; but if the latter organ become depraved, as frequently happens when the morbid secretion is persistent, the sensation of acidity is only imperfectly or occasionally felt; sometimes it is entirely absent, or is superseded by a sense of bitterness.

The acid is seldom in such quantity as is met with when the glands are sympathetically disordered; yet in two cases which came under my notice it distinctly excoriated the mouth.

This affection is either intermittent or continued. In the former case the attacks vary in duration from a few minutes to as many hours; their return is irregular, and without any warning. This variety may either degenerate into the continued, or, as more commonly happens, may subside spontaneously. It seldom disappears in less than two or three days, and is as rarely protracted beyond a week. Unless the attack be very severe, it does not usually produce much disturbance or disorder of the stomach.

In the continued form, the acidification is generally mild at the commencement, and increases during the subsequent six or eight hours, after which time it becomes stationary. It often subsides in twenty-four hours, in which instance it is productive of only temporary inconvenience to the patient; if it persist longer it is apt to occasion painful gastric irritability and nausea, or troublesome and tedious dyspepsia. In this variety the quantity of saliva is sometimes excessive; I have seen it amount to active ptyalism; in the previous example the secretion is seldom more abundant, often less than natural.

The following are good illustrations of the two varieties that I have been describing:—

Case 1.—About six months ago I was consulted by a gentleman who complained of an occasional acid taste in his mouth, which greatly annoyed him. He had suffered for three or four days before applying to me. He informed me that, for several hours before his saliva first became acid, he felt a tickling or creeping sensation in his cheeks and under his jaws; he had a slight buzzing noise in the right ear, and his mouth at times became unusually moist. At length, and quite suddenly, his saliva had a distinctly acid taste, which continued for nearly three hours. He ate a little biscuit, and thus relieved the sensation for a time, but it returned directly that he ceased to masticate. When three hours had elapsed he recovered his natural taste, but it again became vitiated in less than two hours. During the three subsequent days he had similar attacks, which lasted from two to six hours, with intervals varying from one hour to two hours and a half. The sense of acidity was temporarily destroyed by mastication, but this afforded no permanent relief. In the intervals of acidification the saliva was neutral.

When I saw him he had a very healthy look; his tongue was clean, eyes and complexion clear, pulse regular, appetite good, bowels open. The saliva was not secreted in undue quantity. As the affection was to all appearance strictly local, I determined to treat it with topical remedies. The following was ordered:—

℞ *Tincturæ capsici*, ℥ij;
Tincturæ myrrhæ;
Tincturæ catechu, aa ℥ss;
Aquæ puræ, ℥vij.
Misce. Fiat gargarisma sœpe usurpandum.

He was directed to use this gargarism only when the saliva was acid, and at such time as often as he pleased.

I saw him again in two days, and had the satisfaction to hear that he was quite well. He informed me that on the first use of the gargarism his saliva was immediately rendered alkaline, in which state it continued for six minutes. After the lapse of an hour he again applied the remedy, with the same effect as before, the alkalinity persisting for nearly a quarter of an hour. On its third application the saliva was restored to alkalinity for nearly half an hour, and after the fourth trial the secretion remained healthy for about six hours. The saliva was neutral on the following morning, but became acid about twelve o'clock. Recourse was again had to the gargarism, and with such success that only one other application of it was needed.

I am not aware that this gentleman has suffered from a return of his complaint.

Case 2.—Susan H., ætat. 27, was admitted under my care at the dispensary in August last, complaining of a perpetual flow of acid saliva, which excoriated her mouth and lips, and, as she remarked, "constantly set her teeth on edge." I learnt on inquiry that she had enjoyed almost uninterrupted good health until ten days previously, at which time she was suddenly impressed with a sense of acidity in her mouth. It remained for a few minutes and then subsided, but returned after the lapse of half an hour. It now continued, rather to her surprise than her annoyance, for about seven hours, when it again ceased. It recurred after breakfast on the following morning, but with no increase of strength, and gradually declined towards evening. On the morning of the third day she awoke with a keen sense of acidity in her mouth, and it continued unabatedly until the time of my seeing her. Her saliva was also augmented in quantity, and she was frequently obliged to eject it by spitting. Prior to this day, the acid taste was temporarily relieved by mastication, but it was now continuous, as well during meals as at any other time. On the sixth day she was troubled with pain at the stomach and nausea; her teeth began to feel rough, and her gums and lips became sore. On the eighth day she was oppressed with a severe headach, had distressing nausea, vomited her dinner, and was afterwards violently purged. On the tenth day she became my patient.

At the time of her admission her general aspect was healthy, but her lips were sore, swollen, and reddened; her tongue was highly vascular and glistening; the mucous membrane of the mouth was detached in places; the saliva was secreted in abundance, and of intense acidity. Her appetite was impaired; epigastrium tender on pressure; bowels relaxed, with occasional tenesmus; urine scanty and high-coloured; pulse 108, small and jerking. She was very thirsty, and suffered from constant nausea.

Had this case been treated by local remedies before the stomach and bowels had become deranged by the constant irritation of the acid saliva, there can be little doubt that the disorder would not have extended beyond the salivary glands, and that the patient would have been very speedily restored to health. However, as the symptoms now presented themselves, there was obviously intense nervous irritability and vascular excitement of the stomach and bowels, most probably originated by the continued presence and stimulation of acrimonious saliva, the secretion of which, though primarily dependent upon spontaneous disorder of its glands, was now also encouraged by sympathy with the morbid condition of the digestive apparatus. The curative indication was therefore twofold.

Ten leeches were ordered to the epigastrium, and subsequently an anodyne lavement was given. Barley-water and thin gruel were directed for her drink, and the following medicines were prescribed:—

℞ *Sodæ bicarbonatis*, 3iss;
Tinct. conii, 3ij;
Acidi hydrocyanici (Sch.), m. x;
Aquæ puræ, ℥viij.
Misce. Fiat mistura cujus capiat cochlearia ampla duo tertia quaque hora.

℞ *Hydrarg. chloridi*, gr. iv;
Pulv. jacobi veri, gr. x;
Extr. papaveris, ℈j.
Misce in massam dividendum in pilulas viij, de quibus capiat j. ter die.

On visiting her the next day, I found that the gastric irritability and tenderness were much relieved, though the saliva was as abundant and as acid as before, and invariably occasioned pain or nausea if swallowed. She was directed to continue her medicine and to use the following gargarism:—

℞ *Tinct. myrrhæ*, ℥ss;
Mist. camphoræ, 3j;
Lig. potassæ, 3ss;
Aquæ, ℥ viss.
Misce. Fiat gargarisma quartis horis utendum.

This treatment had the effect of greatly relieving the pain, heat, and tenderness, of the mouth; it also diminished the salivary secretion, but did not lessen its acidity.

On the third day the condition of the mouth was so much improved that I ventured to add a drachm of tincture of capsicum to the gargarism. The employment of it was attended with considerable pain, but its first application rendered the saliva distinctly alkaline, and only half a dozen trials were needed to restore the secretion to its healthy proportion and property. Directly

that the saliva became natural, all medical treatment was discontinued, and a careful plan of diet only enjoined. Under this management the patient gradually recovered, without any subsequent gastric uneasiness, or any depravity in the quantity or condition of the salivary fluid.

In the treatment of these and similar cases the most desirable object to be attained is the restoration of the saliva to an alkaline condition. This is most easily and effectually accomplished by the use of stimulating gargarisms, and if the condition of the mouth, &c., justify their adoption, they cannot be employed too early. Sometimes, however, as in the case last recorded, the inflamed state of the salivary glands, and the high vascularity or abrasion of contiguous tissues, render it desirable that the commencing treatment should be refrigerant and sedative. If this plan succeed in reducing sufficiently the local excitement, a stimulating course may then be adopted. But sedative gargarisms are not always successful; in case of failure, they may be assisted by leeching the neighbourhood of the parotid and submaxillary glands, and blistering the back of the ears and nape of the neck.

It occasionally happens that, after the subsidence of inflammation in the mouth, the parts are too tender to bear immediate stimulation, and yet the saliva continues to be strongly acid. In these instances blisters over the parotid glands and under the jaw are often of paramount service; I have seen a large blister upon the epigastrium of good effect. Electric shocks through the cheeks, steaming the mouth with hot water, or chlorine water, may also be tried; and if neither painful nor inconvenient to the patient, he may chew hard or tough substances, such as horse-beans, India-rubber, &c., for the purpose of exciting the salivary glands to a healthier function. I scarcely need say that such materials are only of use in mastication, and are not by any means to be swallowed.

An undue prevalence of acid in the system, from constitutional and other causes, is a second source of acidification of the saliva. In subjects congenitally scrofulous or cachectic, and in others whose physical energies and functions have been debilitated and depraved by early excesses, imperfect nourishment, insalubrity of climate, or frequent attacks of disease, the vitiated state of the whole animal fabric is frequently testified by an acid condition of nearly all the secretions, and even of the blood itself.* In extreme cases this corruption sometimes defies all remedies, and the miserable patient sinks a victim to the poison of putrescence engendered in his own vitals. In other instances, if the vitiation have not been excessive, and curative measures not unseasonably deferred, the animal functions may undergo reparation, and be finally restored to health, both in *equipoise* and *energy*.

A *temporary* corruption of the system and its secretions from predominant acidity, yet without any local derangement or lesion to account for it, occasionally occurs in diseases of an active type, as intermittent fevers, and inflammatory rheumatism. The acid (chiefly lactic), which is secreted under such circumstances, appears to be an indication of nature's spontaneous efforte ot cure; for if this acid be thoroughly eliminated, as it often is by the kidneys, bowels, skin, or salivary glands, immediate and certain recovery generally follows. But so long as this acid exists in the system, it not only cherishes and heightens the disease which originally engendered it, but especially deteriorates by its presence, the secretions concerned in the process of digestion.

Another cause of the system becoming corrupted with acidity, and which cause can neither be denominated general nor local, since it partakes too much of the nature of both to be correctly referrible to either singly, is to be found in that peculiar condition of the alimentary apparatus which is the source of acid assimilation.

The free muriatic acid of the gastric juice, after having sufficiently served the process of chymification, is, if the liver perform its correct duty, neutralised in the duodenum by the soda of the bile. But in many states of gastric derangement, lactic or acetic acid is generated in the stomach, greatly disproportionate to the alkali of the bile.* This

* It is less difficult to conjecture the *source* of this acid than to specify the *locality of its formation*. Under the circumstances which contribute to its production, it perhaps occurs at any period and in any place in which the function of nutrition is in progress. As to the origin itself, to quote Dr. Prout, it seems to be this:—"The alimentary matters which ought to be converted into albumen by the primary assimilating organs; and the albuminous matters of the blood, which, in the secondary assimilating processes, ought to be converted into the living gelatinous and albuminous tissues, are, by the deficient or disordered operations of the vital processes, converted, in a greater or less degree, into lactic acid and other unnatural combinations."—Stomach and Urinary Diseases, 3rd edit., p. 81-2.

* I say *generated in the stomach*, because I believe that in the present example the lactic or acetic acid is not the produce of disordered secondary assimilation, but is a genuine secretion of the stomach itself. If it pass off by the bowels, it produces temporary inconvenience rather than injury; but if it be absorbed into the circulation, and not shortly discharged by some secernent or emunctory organ, it rarely fails to excite either local or general mischief.

acid either passes through the intestines, as most commonly happens, producing colic, diarrhœa, tormina or tenesmus, or, owing to a vitiated lacteal function, is absorbed with the chyle and conveyed directly to the blood. According to its quantity, it either simply neutralises the alkali of the circulating fluid, or prevails in that current to an excess. Then follow a train of evils which might well be expected from such disorder in the function of digestion, viz., acidity of the secretions, hepatic congestion, ague, gout, rheumatism, lithic acid gravel, and similar maladies.

When the system has become impregnated with acidity from any of the causes just specified, either the animal functions are in part or entirely reduced to a state of passive corruption, or their energies are roused for the expulsion of the offending material. The action is sometimes sudden and speedy when the discharge is effected by the bowels or salivary glands; and more slow in its approach and progress when the same intention is fulûlled by the kidneys or skin. It concerns us only to regard the instances in which the salivary apparatus are the media of relief or cure; and be it remembered that, in every example of this nature, the discharge of acid by the salivary glands is an *excernent* and not a *secernent* process.

Case 1.—Thomas M., ætat. 47, was under my care some months ago, complaining of, and exhibiting, that general appearance of disorder and emaciation which indicate a breaking up of the constitution. He had been a soldier, had served in India, and for the last thirty years had led a very dissipated and irregular life.

His breath had a remarkably sour smell; his urine, fæces, sweat, and saliva, were strongly acid. He did not complain of any sense of acidity in his mouth. He was treated with vegetable tonics, alkalies, and iodine, but without avail. His mouth was gargarised with stimulating solutions, but in only one instance did they render the saliva alkaline, and then but for a short time. He gradually sank, and died without any manifestation of amendment or variation in his symptoms from first to last.

The post-mortem examination revealed extensive adhesions, some old and others recent, of both pleuræ; scattered tubercles and a solitary vomica in the lungs; thickening and softening of the coats of the stomach; patches of vascularity and small ulcerations throughout the intestines; extensive tubercular deposits in the mesentery; enlargement and induration of the liver; and an almost scirrhous condition of the pancreas. The parotid glands were not diseased. The blood was intensely black, fluid, and distinctly acid.*

In another case which occurred to my notice the patient was miserably scrofulous and emaciated, complaining of incessant pains in his limbs, prostration of strength, and dejection of spirits. His skin exhaled an intensely sour odour, he suffered from constant acidity of the saliva, and was perpetually dyspeptic.

Cure was out of the question; but the palliative remedies which afforded him the most service were hot alkaline baths and stimulating gargarisms,—the one to relieve his rheumatism and to correct the acidity producing it, the other to restore his saliva to alkalinity, and his digestion to healthiness. He persevered in this treatment for three weeks, and was then enabled to discontinue his baths, using the gargarism regularly twice a-day. The constant employment of the latter was finally abandoned, and he now has recourse to it only when his saliva becomes acid, and the consequent dyspepsia threatens him with an approach.

For the particulars of the following case I am indebted to my friend, Dr. Bence:—

Case.—Jacob B., ætat. 27, a thatcher, became the subject of tertian intermittent fever at the end of March, 1839, and was placed under my care at the beginning of the ensuing April. His symptoms were very urgent, and as some fear was entertained for the safety of the internal organs, he was at first treated upon the febrifuge and purgative plan. Calomel was given only once, and then in combination with a cathartic that operated very briskly. When I first saw him I remarked an abundant lithic acid deposit in the urine, an intensely sour odour of the skin, and a strong acidity of the saliva. These conditions of the fluids were in no wise amended, though the general health was somewhat improved, until seventeen days from the date of my first visit, when suddenly, and without any previous indication, a profuse salivation commenced. The fluid discharged was very abundant, and strongly acid both in odour and reaction.

I saw my patient in six hours after the accession of the ptyalism; the water he had passed half an hour before was of a natural colour and free from deposit, and there was a scarcely perceptible sourness of his perspiration. Suspecting the salivation to be critical, and hoping that it would prove curative, I ordered his medicines to be discontinued, and left him to nature's own treatment. About three pints of acid saliva were discharged every twenty-four hours for eight days, from which time the quantity

* The blackness and fluidity of the blood were no doubt owing to the action of the acid upon it. Dr. Prout observes, "The dark-coloured fluid ejected from the stomach in yellow fever, and some other analogous diseases, appears to owe its colour solely to the presence of blood, which has been blackened by the large quantity of (lactic?) acid present."—Op. cit., p. 81.

gradually diminished, and the secretion became healthy. After the commencement of the salivation, the man had only one ague fit; he complained of no uneasiness, except in his mouth and throat; his skin entirely lost its sour odour, and his urine its turbidity; and he steadily progressed in health and strength, suffering not any return of a single untoward symptom.

In the rheumatism, and the other affections which are consequent upon acid assimilation, if the saliva be simply acidulous without any augmentation of the natural quantity of the secretion, or any apparent tendency to it, the best treatment will be found to consist in restoring the salivary glands to their healthy function, and the stomach to its proper action, by stimulating gargarisms, vegetable tonics, and alkalies. To these may be added a hot alkaline bath (a pound of carbonate of soda to each bath) every other day. The bowels should be kept relaxed by gentle cathartics, with an occasional mild mercurial, and all acids, fat meats, and pastry, should be interdicted. Thus, by correcting the acidity already prevalent in the system, and preventing its increase by a careful attention to the digestive and assimilative processes, a permanent relief or cure may be reasonably anticipated. Generally, the disease will subside without any particular action to mark its departure; but sometimes, notwithstanding the influence of medicines, it will be resolved by critical sweating, purging, diuresis, or salivation. Whether before the administration of remedies or after, if the salivary glands indicate a disposition to excessive secretion, it is advisable rather to encourage than to check it. We may always expect a good result from a spontaneous critical salivation. To this end, if there be any appearance of its approach, the mouth should be steamed with hot water and hot fomentations, or a sinapism should be applied under the jaw. The salivation having commenced, it is seldom necessary to interfere further with it, inasmuch as it usually terminates when the inducement to its progress has subsided. Should it not decline, even after all signs of disease are gone, it may be gently and progressively checked by a mild astringent gargarism.

As I have before urged, whenever the system is affected by disease, be it mild or malignant, and there is a tendency in the salivary glands to resolve or relieve this disease, we should always promote such action, though it be at a temporary expense of the service which healthy saliva is designed to afford the constitution. Nevertheless, the same intention will be as effectually answered, and without any loss to the function of nutrition, if the discharge occur by any of the proper emunctories. *Cæteris paribus*, then, we should rather select our remedies from amongst the class of purgatives, diaphoretics, or diuretics, than from the list of sialagogues.

Often, after a critical ptyalism has occurred to the relief of disease, it will be superseded by the increased action of an emunctory organ. In this case, our first attention should be directed to the maintenance of the vicarious discharge, which having been established, we may proceed, by the means already specified, to restore the salivary secretion to its characteristic healthiness.

Subacute inflammation of the mucous membrane of the stomach and bowels, with or without the usual signs of indigestion, is another and a very frequent source of acid saliva. This is a department of pathology to which Donné has paid very careful attention. Indeed, he was the first to announce the uniform acidity of the salivary secretion in gastro-enteritis. I have already quoted his observations at some length, and it is scarcely necessary that I should do more under this head than give them the corroboration of personal testimony.

I am decidedly of opinion that one of the most serviceable and invariable diagnostic marks of gastro-enteritis is acidity of the saliva. Indeed, so constantly have I remarked it, that if I were shown a case in which were observable a red, smooth tongue, tenderness of the epigastrium, sickness, frequent purging of slimy stools, a quick pulse, languor, and febrile oppression, yet with a *neutral* or *an alkaline condition of the saliva*, I should pronounce it *irritation*, and *not inflammation* of the mucous membrane of the stomach and bowels. I have seen several examples of this kind, in which the treatment that proved most beneficial would have been positively injurious had the affection been inflammatory. Only the other day a case occurred to my notice. The symptoms were distinctly those of gastro-enteritis, with the exception that the saliva was *alkaline*. Had it been *acid*, I should have treated the patient upon a depletive and febrifuge plan. As it was, however, I gave him creosote in camphor mixture. It arrested his sickness, relieved his pain, and rendered him convalescent by the following day. Had the case been one of inflammation, of course the creosote would have only aggravated the malady.

Chronic irritation, without increased vascularity, of the mucous membrane of the stomach and bowels, when not severe, is usually accompanied by a pale, flabby, furred, tongue; but the *active* nervous excitement to which these organs are occasionally subject, may cause them to exhibit all the common signs of inflammation, except the acidity of the saliva.* Indeed, this

* In nervous irritation of the stomach and bowels, the alkalinity of the saliva is often increased. I have already shown the sud-

condition of the digestive tube and acid saliva seem to be mutually opposed to each other. I have known the acidulous saliva of protracted dyspepsia to be suddenly restored to alkalinity by an accession of local nervous vigour; and conversely I have seen the pale, furred tongue of hypochondriasis and melancholia rendered vermillion-red in a few hours after the salivary glands had commenced to secrete an acid saliva.

The saliva of gastro-enteritis is usually very pure, with the exception of its acid impregnation. In this respect it differs from from the acid saliva of common dyspepsia, which is generally offensive as well as sour. If gastro-enteritis be complicated with a *morbid digestive function* (which is not often the case) the saliva is then of a dingy or fawn colour, and disagreeable both in taste and smell.

The acid with which saliva is contaminated in gastro-enteritis is a *secretion*, and owes its existence not to any spontaneous or independent disorder of the salivary glands, but to their sympathy with the morbid action of the digestive organs. Hence, though the acid saliva, as it flows into the stomach, is perpetually adding to the inflammation therein existing, and consequently it is of the utmost importance to restore this fluid to alkalinity and healthiness, yet the object is only to be effectually accomplished by directing our remedies against the original ailment. It is true that the use of a stimulating gargarism will almost invariably render the saliva alkaline; but in the case before us the improvement is only temporary, for the secretion returns to its acidity directly upon the subsidence of the artificial excitement. The salivary glands then, so to speak, are at the mercy of the stomach and bowels; and it is astonishing with what rapidity any alteration in the state of the latter organs will affect the sensibility and function of the former ones. I have known a patient to suffer for days from an attack of mild gastro-enteritis, and his saliva to be strongly acid, without his consciousness of it, and yet a sudden aggravation of his gastric symptoms to render the saliva almost immediately intolerable from its extreme acidity. On the other hand, I have heard a patient, who complained not less of the excoriation and smarting in his mouth than of the burning heat and pain in his stomach, declare the acridity and acid taste of his saliva to be gone in a few minutes after the application of leeches to his epigastrium. The same effect is frequently produced by the counter-irritation of sinapisms and blisters. Nay, I have known the saliva of a gastro-enteritic patient to have a strongly acid reaction before the application of a blister to the epigastrium, and to be equally strong in alkalinity during the time such blister was in operation.

Concerning the treatment of gastro-enteritis it is not necessary for me to say more in favour of the counter-irritant and febrifuge-sedative plan than has been already, times without number, expressed by medical writers. I would, however, lay particular stress upon the employment of alkaline carbonates, having known them, in conjunction with hydrocyanic acid and hemlock, to act with remarkable promptness and power. An alkaline gargarism, with the addition of a sedative, is also a valuable remedial auxiliary.

After the subsidence of acute gastro-enteritis, the saliva quickly returns to its healthy condition; but it is not uncommon, after chronic affections of the same nature, for the secretion to remain for some time feebly acid, or at most to be only neutral. In either case a stimulating gargarism is advisable, and it seldom requires to be used oftener than twice or thrice.

A fourth source of acidification of the saliva is to be found in the various morbid conditions of the digestive apparatus comprehended by the term dyspepsia. This word has, in medical science, a very extensive signification. It embraces not only every simple *disorder* to which the proper function of the stomach is liable, but every *disease* also, which may affect this organ. Numerous, however, as are the symptoms of dyspepsia, its *proximate* causes may be reduced to the following class:—

1. Nervous irritation of the stomach.
2. Nervous debility of the stomach.
3. Vascular excitement of the stomach.
4. Vascular atony of the stomach, involving either local congestion, or an undue absence of blood.

} With morbid digestive function.

5. Morbid function of the stomach, without any obvious derangement in the condition or action of its nerves or vessels.

Simple nervous irritation, or simple vascular excitement of the stomach, may exist without dyspepsia, that is, without any appreciable depravity of the digestive function. More rarely does the stomach suffer from nervous or vascular debility without some manifestation of the symptoms of indigestion.

An excited or a debilitated state of the gastric nerves may obtain without any decrease in the alkalinity of the saliva, yet if either of these conditions be complicated with functional derangement of the stomach, the saliva will generally be acid. On the other hand, subacute gastritis may prevail (for a time) with acid saliva and tolerably

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den and powerful effect produced upon this secretion by the introduction of stimulants and acids into the alimentary canal.

good digestion, or it may be associated with evident dyspepsia, and yet the saliva exhibit a comparatively feeble acid reaction. From facts like these, we learn the importance of basing our diagnosis and treatment upon the careful observance and study of many, instead of few, morbid symptoms.

In the management of dyspeptic cases which are accompanied with acidity of the saliva, the administration of alkalies is always advisable. They are best conjoined with some vegetable tonic. Calumba, quassia, or gentian, is to be preferred if the tongue be red at the tip and edges. If the mouth and throat be hot, and the stomach irritable, prussic acid, or tincture of hemlock, is a valuable addition to the mixture. If the tongue be pale and flabby, and the stomach feel cold, cascarilla or cusparia may be used. These should be assisted by the resinous purgatives and alterative doses of blue pill.

If the salivary glands be inflamed, or painful, an alkaline-sedative gargarism will be found of much service. If the mucous membrane of the mouth be pale, and the salivary glands free from inflammation, a stimulating gargarism will be most useful.

Decoction of Oak-bark. — This preparation has of late been strongly recommended by a French practitioner as an injection into dropsical cysts, as hydrocele, &c., after their previous contents have been drawn off. It is said to exert a marked tendency in preventing a subsequent accumulation of fluid. Its active astringent quality suggested to the above practitioner that it might be serviceable in promoting the contraction of the ring after the reduction of recent inguinal hernia; and the application for some time of compresses impregnated with a strong decoction of oak-bark, kept *in situ* by a truss or bandage, has been in his practice attended with this result to the most satisfactory extent.—*Gazette Medicale.*

Use of Elder-bark in Chronic Dropsies.—The decoction and extract of this vegetable substance are reported to be remarkably efficacious as hydragogues, producing so speedy an effect on the urinary and fæcal secretions as to make it needless to use more than two or three applications. The proportions for the decoction consist of a couple of handfuls of the bark to a quart of water: dose, a wineglassful a day. The extract is administered in France in the form of pills, of one and a half grain each, of which from six to ten are taken in the twenty-four hours.—*Journ. de Med. et de Chir. Pratique.*

CONTRIBUTIONS TO PATHOLOGY.

THE HUMORAL THEORY OF DISEASE

ILLUSTRATED IN SYPHILIS, CANCER, ENCEPHALOID DISEASE, MELANOSIS, AND SCROFULA.

To the Editor of The Lancet.

Sir,—In my last communication (page 103) I briefly adverted to syphilis as one of the general diseases resulting, as I think, from a morbid condition of the blood, induced by the introduction of morbific matter produced by ulcers originating from the application of a similar matter. This disease is highly interesting, in a theoretical point of view; for, as we have seen that contagion occurs among universal diseases, as well as purely local diseases, we shall have an example of contagion in each of the three primary classes of disease.

But we have first to prove that syphilis comes within our class of general diseases—that it is, indeed, a morbid condition of the blood. This is easily done on the same principle that other general diseases are proved to be such, namely, the capability of the disease attacking a number of tissues and organs. In this affection we have three stages to observe,—the application of the poison, its absorption, and, finally, the appearance of its effects at a distance from the primary sore.

In the first stage we have the application of the purulent (decomposing) matter to the tender skin of the external genitals, or to an excoriation or ulcer in any other part of the body, which gives rise to a peculiar ulcer or state of the previous ulceration, but still of variable character. This variability of the character of the syphilitic ulcer depends, in all probability, on the peculiar state of the system, or rather of the blood, of the individual in whom it makes its appearance. This primary ulcer secretes similar matter to that which produced it, and is itself capable of conveying the disease. In the next stage we have the absorption of the syphilitic virus into the blood, for we find that in many cases the absorbents and their glands in the neighbourhood of the ulcers become inflamed, and end in collections of matter. But we have surer proof of the absorption of the virus than this, in its subsequent effects on a number of parts of the body; for unless such absorption took place and produced a morbid condition of the blood, we should not see the secondary symptoms showing themselves in such a number of parts of the body as they are seen to do. The third stage constitutes what are termed the secondary symptoms. The absorption of the syphilitic poison into the blood produces a morbid state of that fluid, from which subsequent ulcers, &c. of various parts arise. The syphilitic poison is not eliminated by these secondary ulcerations, for the matter discharged from them

will not reproduce the disease, but a change is produced in the crasis of the blood, to which these phenomena are attributable.

The parts in which secondary symptoms show themselves are numerous; thus, the throat, tonsils, uvula, velum, and tongue become ulcerated; the conjunctiva, eyelids, and angles of the eyes inflame and ulcerate; the skin becomes affected, the eruption being of a peculiar copper colour, and taking on any of the forms of skin diseases. These pains shoot through the bones, these become diseased, nodes form, and caries and exfoliation follow. Worn out by constant pain and discharge, hectic makes its appearance, and closes the scene. Here we find not only a number of parts of the body affected, but also two out of the three primary tissues,—the muscular and cellular; of affection of the nervous tissue I have not been able to find an example.

But there is another strong proof of the morbid state of the blood in this disease, namely, the appearance of secondary symptoms in new-born children, communicated from the mother to the child in utero. Now this can only be communicated by the maternal fluids, for while the ovum remains attached to the uterus it forms part of the parent; it derives its fluids from the fluids of the parent, and from these the living ovum builds up its solids. Whether the blood of the mother pass directly or indirectly to the child, through the placenta, is a matter of little consequence to our argument, for it is manifest that the whole substance of the ovum, except the germ, is derived from the maternal fluids.

Thus we have in syphilis the application of a morbid product to a part of the body; the absorption of this morbid product, a consequent abnormal change in the blood itself, which in its turn gives rise to a number of affections of particular parts of the body. Secondary symptoms are thus the local manifestations of an universal cause.

I shall conclude my notice of the general diseases with the heterologous formations, cancer, encephaloid, melanosis, and scrofula. These are characterised by the deposition of a peculiar substance, either in the tissues or on the surface of membranes, this substance bearing no resemblance to either of the normal constituents of the blood. The peculiar chemical characters of these formations have not, as yet, been investigated with the care that they deserve, for no deductions of any value can be drawn from older investigations before proximate organic analysis had attained its present comparative perfection.

Cancer consists in the deposition of a peculiar substance in some one or other of the organs or tissues. Many circumstances concur to prove that it is a general disease. First, then, the argument I used in proving that inflammation is the result of a morbid condition of the blood may be applied to cancer; for of two women, each of whom receives a trivial blow on the breast, the one has cancer developed in that situation, while the other escapes. In the former of these some peculiarity of the system exists, by which a simple contusion becomes the exciting cause of cancer. I have before proved that these systemic peculiarities reside in the fluids.

This systemic peculiarity is termed the cancerous diathesis, and the following remarks of one of the most eminent modern pathologists, in reference to these heterologous formations, are highly interesting, and much to our purpose. Dr. Carswell says, —"It may be regarded as a law, that the speciality of a morbid product of the nature of those I am now treating of *is entirely independent of any local agency whatever*. The trite but important remark that hundreds and thousands of individuals are daily affected, for example, with inflammation, without this local (?) disease being followed by any other than its usual effects, places in the clearest light the necessity *of a previously existing modification of the economy*, as the immediate and essential condition of the specialty of the heterologous formations when they occur in conjunction with inflammation."

This distinguished pathologist further observes, that "investigated in its first stage we ascertain with greater or less facility that this substance (carcinomatous matter) becomes manifest to our senses as a product of nutrition or secretion. In the former case it is deposited in the same manner as the nutritive elements of the blood, enters into the molecular structure, and assumes the form and arrangement of the tissue or organ into which it is thus introduced. In the latter it makes its appearance on a free surface, *after the manner of natural secretions*, as on serous surfaces in general. Proceeding still further in our researches we find this substance existing not only in the molecular structure and on the free surfaces of organs, but *also in the blood of the venous and capillary divisions of the vascular system.*"

Here, then, is the proof not only of the separation of the cancerous matter from the blood, as in nutrition or secretion, but also the presence of the same substance in the blood itself, and that by an author who had no intention of supporting the humoral theory!

Another curious fact mentioned by the same author is, that scirrhus, medullary sarcoma, and fungus hæmatodes, seem to be modifications of the same general affection, and pass into one another in the order in which they are named above. They may all be discovered, not only in the same individual, but even in the same organ.

Cancer is further proved to be a general disease by its deposition in all the three primary tissues,—the nervous, muscular, and

cellular. At page 124 of the present volume of THE LANCET, will be found the report of a case by M. Velpeau, where a scirrhous tumour was seated in the brain, between the anterior and middle lobes. Cancer of the tongue and uterus illustrate its deposition in the muscular tissue, and a similar affection of the stomach, lip, angles of the eyes, &c., exhibit the disease in the cellular system. The chief points of deposit are, however, the excretory and absorbent glands.

It is thus proved that cancer is a general disease, in the true sense of the term; that the cancerous substance exists in, and is deposited from, the blood, in parts whose vital energy has been weakened by previous injury, disease, or other accidental cause; that the cancerous tumour is a simple deposit, or secretion, from previously diseased blood; and that this matter may be deposited in any of the tissues of the human body.

Encephaloid, or medullary sarcoma, or, as it has been termed, when the skin has ulcerated and a fungus protrudes, fungus hæmatodes, is in its general character very analogous to cancer; and if the extract from Dr. Carswell, which is corroborated by a case of Sir Astley Cooper's, be credited, this disease may arise from a modification of the cancerous diathesis, since both the above forms of disease may occur in the same individual, or even in the same organ. The analogy of this disease with cancer would alone lead us to refer it to a similar cause.

Encephaloid matter, like that of cancer, occurs in all the three primary tissues; in the nervous, in the brain; the cellular, in the eye, testicle, spleen, pancreas, lungs, and absorbent glands; in the muscular, in the uterus and the muscles of a limb, when it occurs externally. Thus it is proved to be rightly classed under general diseases, and referred to a morbid condition of the blood.

Melanosis is another of these heterologous formations consisting of a black matter, resembling the pigmentum nigrum of the eye, or the colouring matter of the rete mucosum of the negro, which may be deposited in any of the organs or tissues. Elliotson says that it may affect almost any part of the body, and that it sometimes exists almost universally in the skin, muscles, pericardium, pleura, and even the bones of the cranium. I do not happen to have met with any account of its existence in the nervous tissue, but there can be no doubt that it may be deposited there as well as in other tissues. The proof that it is a general disease, and therefore the result of a morbid condition of the blood, rests on the same grounds as that of cancer and encephaloid.

We now arrive at the last of the general diseases which it is my intention to notice,—a disease that in one or other of its numerous manifestations is the greatest scourge of moist and temperate climates, such as our own. Scrofula, in the more extended sense of the term, includes not only the external glandular tumours and abscesses to which it is generally applied, but also tubercular deposits in any part of the body. There have been great disputes as to the identity of phthisis and mesenteric disease with scrofula, but I think there can be no doubt that the substance deposited in the texture of the absorbent glands, and which shows itself as a curdy mass in the pus of scrofulous abscesses, is the same as the softened tubercular matter expectorated by consumptive patients, mixed with saliva, bronchial secretion, and ordinary pus. It would, however, be highly interesting to institute a comparative chemical examination of these two substances.

Tubercular matter has been seen by Dr. Carswell in two out of the three primary tissues: the nervous, in the brain and cerebellum; the cellular, in the glands on the surface of mucous membranes, in the substance of the liver, spleen, &c. It is, however, deposited in so many organs and parts that we might expect such depositions to be found in the muscular tissue, although more rarely than those it usually affects. We have, moreover, the testimony of Dr. Carswell to the identity of the tubercular deposit in the lungs and the scrofulous deposits in the lymphatic glands, for he states that he has found abundance of tubercular matter in scrofulous lymphatic glands.

Scrofula, then, is the deposit of a peculiar heterologous formation from the blood in any of the organs or tissues. This matter must have been produced in the blood, since we have no reason to cousider it probable that any of the constituents of the blood are changed into tubercular matter at the moment of deposition. Moreover, the exudation, as it were, of tubercular matter on the surface of membranes, and into the interior of the air-cells of the lungs, goes against the supposition that it is produced by a change of the nutritive substance at the moment of its deposition in the various tissues. Were this the case, indeed, we must suppose that the vessels of any part of the body have the power of thus changing the nutritive material, which would be a truly gratuitous and improbable supposition. We want very much a careful chemical examination of tubercular matter; such an one would give it fixed characters by which it might be hereafter recognised. As it varies in the different stages of its development, chemical analysis should be applied to it in each stage, for the purpose of pointing out the differences of composition.

Dr. Abercrombie has paid some slight attention to the chemical examination of tubercles, but his analysis is extremely imperfect. He found that a tubercular mesenteric gland, which is soft and fleshy, plunged into boiling water, contracts considerably,

becomes much firmer, and its colour changes from that of flesh to a white or ash-colour. By boiling for a short time it loses a great part of its weight, but a residuum is left which has increased much in firmness during the boiling, has lost entirely the flesh-colour, and exhibits the appearance, consistence, and properties of coagulated albumen. The part lost seems to consist partly of water, but chiefly of muco-extractive matter; sometimes, but not always, there is a mixture of gelatine; and in some specimens the coagulated part gave traces of fibrine, but in small quantity. The remainder of the account of Dr. Aberbcombie's experiments will be found in the first volume of the Edinburgh Medico-Chirurgical Transactions.

Tubercles are frequently discovered in the fœtus in utero and in the new-born child. How is this to be accounted for, unless on the supposition that it is conveyed by the maternal blood and fluid; for the ovum manifestly receives nothing but fluids from the parent.

Unless there exist in the system a predisposition to the deposition of tubercular matter, no other form of diseased action, neither congestion nor inflammation, will produce tubercle. Hence the tubercular *diathesis*.

A remarkable proof of the identity of external and internal scrofula is afforded by the fact that patients are rarely found to suffer from both forms of the disease at the same time. Among a very considerable number of consumptive patients I do not remember to have seen one with scrofulous abscesses of the neck or other parts. Phthisis does not appear to come on until these are healed, but the occurrence of external scrofula appears to become a safeguard from the more fatal internal form. May not this be accounted for by supposing that the tubercular matter is exhausted by its deposition in one of the two situations?

If we turn to the causes of scrofula we shall find them equally corroborative of our view of the general nature of this disease. These causes are, prolonged exposure to cold and humidity, as in a cold and moist climate; improper or insufficiently nutritious diet; and hereditary predisposition. That moisture, cold, and improper diet will, when combined, produce tubercle, is evident from the well-known experiments on rabbits, where these animals were kept in a damp, dark, cold cellar, and fed on green food for a considerable time. When killed, the viscera were found to have tubercles deposited in them. Improper diet, which I imagine to be the chief cause, acts immediately on the constitution of the blood, changing the proportions of its constituents, and probably adding to it some new and morbid product.

Before closing my communication I will make a few remarks on hectic, founded on Andral's assertion that in phthisis the red globules continually decrease as the disease advances. If such be the case, it is manifest that the circulation of the blood must become more rapid in order that a sufficient quantity of these globules, which are the oxygen-carriers, may pass through the lungs in a given time. Unless this were the case, the blood would be insufficiently aerated for the purposes of life. Hence this increased quickness of the pulse is but slightly influenced by digitalis, and hence the inutility of the attempt to lower it, except by increasing the amount of hæmatosine.

The red globules bear a certain proportion to the serum in healthy blood; may not the sweating and purging be nothing more or less than the endeavour to restore the equilibrium between the serous and solid portions of the blood? For although we may attribute the purging to ulceration of the glands of the small intestine, we cannot discover any morbid state of the skin to which to attribute the nocturnal perspiration! Is it not also probable, supposing Andral's statement to be correct, that pus-globules are the globules of the blood deprived of their colouring matter, since any disease in which profuse purulent discharge is kept up will give rise to hectic, *e. g.*, psoas and other large abscesses, scrofulous diseases of joints, severe wounds, fractures, &c.

I thus complete my imperfect sketch of general diseases, and I draw the conclusion from the evidence I have given above that all general diseases are local manifestations of universal causes, that is, that they result from a morbid state of the blood peculiar to each disease. I shall take some future opportunity to notice the truly local diseases.

I am, Sir, your obedient servant,

PHILIP B. AYRES, M.D.

Thame, May 23, 1843.

EMPLOYMENT OF NAPHTHA IN TUBERCULOUS CONSUMPTION.

To the Editor of THE LANCET.

SIR,—Richard Marsham, ætat. 26, by trade a carpenter, consulted me on February 3, 1843. He states that five years past last Christmas, when he was working as a miller, he attempted to get on his back a sack of wheat, which, being above his reach, fell with a jerk on his shoulders, and strained him, so that he could not use his left arm for some time. About six months after the accident his left shoulder "began to grow out," when he applied to a surgeon, who told him that nothing could be done for it. He worked at the mill one year, and two at a farm. During the last two years he has been employed as a labourer in London. About three months back he thought that his

right shoulder began to grow out; this, with other feelings of bad health, induces him now to seek relief. He is of a fair complexion, &c., with a general appearance strongly indicative of the scrofulous diathesis. He has lost one unmarried sister, ætat. 38, from consumption, and another, married, ætat. 21, from a "bad throat." He never was very strong, and is now losing flesh and strength rapidly. He has night perspirations, and little or no appetite; wandering pains about his chest, almost constantly between his shoulders; his spine is curved (where there is considerable tenderness on pressure), bending towards the left shoulder, and causing great rotundity of that side of the thorax, posteriorly. For support, over the same shoulder, he wears a broad belt, which is attached to another encircling his chest. The walls of the thorax, on the right side, seem as if they had approximated antero-posteriorly, so that collapse and immobility are very striking. The infra-clavicular depression is not so great on the left side, throughout which respiration is highly puerile. In the entire upper part of the right lung respiration is absent, and slightly audible in spots only, in the lower part. Percussion elicits a dull sound over both infra-clavicular regions, particularly over the right. The heart-sounds are very audible over the same spaces.

I examined him again on the 5th and 7th of February. On the latter date a physician also stethoscoped him, whose diagnosis tallied with my own, in pronouncing his lungs to be the seat of tuberculous deposit. On February 12th he was stethoscoped with the same result. He felt himself getting daily worse, when I, with much scepticism, determined to try naphtha, the first and only medicine he has had from me. He was ordered ten drops, to be gradually increased to twenty drops, three times a-day. At the end of a week, to my surprise, he expressed himself as being much better; his *perspirations had ceased, his appetite and spirits were returning, the spinal tenderness had gone, the breathing was more extended in the right lung*, although very weak, and the *puerile respiration in the left lung was greatly diminished*. The treatment was continued for six weeks, when he was vastly improved in every respect; the right side seemed to have become more developed, and where collapse and immobility had previously existed, there was now considerable freedom and elevation of the ribs during inspiration. In fact, he was so well that he abandoned his medicine (naphtha). After a *week's discontinuance of it he felt much worse*, and gladly resumed taking it, *and at the end of another week he felt himself in the same improved condition as when he left it off*.

On the 7th instant I noted the following particulars:—Anteriorly, percussion bespeaks improvement,—the sounds on both sides are nearly equal; *respiration is audible over the right infra-clavicular space*, but not so distinct as over the left; expiration is loud in the right supra-scapular fossa; posteriorly percussion is pretty good, excepting over the scapulæ, where it is rather dull. Respiration is much improved, and nearly audible alike on both sides. He says he is gaining flesh and strength fast, and has an excellent appetite. When he began taking the naphtha he weighed nine stone seven pounds, and now he weighs ten stone six pounds, being an increase of thirteen pounds in twelve weeks. The belt which encircles his chest he has been obliged to lengthen considerably, arising, in my opinion, not so much from additional substance on his ribs, as from their partial restoration to their former wonted action. The heart-sounds are less audible.

I have other cases progressing most favourably under the naphtha treatment, which I shall report in due time. In one case in particular, I adopted precaution against error of diagnosis, in having the patient stethoscoped by two high authorities on auscultation, who both pronounced the patient to be phthisical.

I will not occupy your valuable space in theorising on the foregoing case, or the new therapeutic agent. Facts must, as yet, be principally known to Dr. Hastings, who has used naphtha very largely, and his opportunities, as physician to a public institution, where is treated an immense number of cases, must be both numerous and extensive. He has promised to give the profession the result of his investigations. Our time, I submit, may be more profitably employed in patiently collecting carefully-observed facts than in framing theories, already too numerous and conflicting in medicine, to the great detriment of medical science. I would observe that I have verified the statement made by Dr. Hastings, not only of the superiority of the wood or rectified naphtha over the coal naphtha, but also the frequent and absolutely injurious effects of the latter. I am, Sir, your obedient servant,

D. Wilson, Surgeon.

Eccleston-square, May 27.

A Family of Dwarfs.—Lately deceased in the neighbourhood of Epinal, at the age of eighty-four, B. Souvay, a well-formed individual, but only a metre, or three feet three inches in height. He had always enjoyed good health. In 1820 he exhibited himself as a show at Paris, which, however, he probably found less profitable than he expected, since he afterwards returned to his old employment of spinning twine, which had previously always been his chief occupation. B. Souvay had had two sisters as diminutive as himself; one died at the age of twenty, but the other lived to her seventieth year.—*Gazette des Hôpitaux.*

LARGE CALCULUS VOIDED BY THE URETHRA.

To the Editor of THE LANCET.

SIR,—The accompanying sketch and case may, perhaps, interest some of your readers, as showing how great is the dilatability of the male urethra, and how large the calculi which may be voided from that canal by the natural efforts alone.

Wm. Jackson, a mariner, of middle stature, who has been subject to symptoms of calculus for the last two years, applied to me for relief on the 17th of this month, as he said that his sufferings had lately been much increased. I ordered him the following pills and mixture:—

℞ *Castile soap*, a drachm and a half;
Powdered rhubarb, half a drachm;
Oil of juniper, ten drops. Mix for thirty pills; one to be taken night and morning.

℞ *Carbonate of soda*, two scruples;
Oil of juniper, twenty drops;
Spirit of nitric ether, half an ounce;
Water, seven ounces and a half. Mix. A tablespoonful to be taken twice a day.

The next morning he presented himself at the dispensary, with the penis much swollen, and with the enclosed stone projecting from the orifice of the urethra. With the assistance of Mr. Hildyard it was with some difficulty extracted, and on being measured was found to be one inch in length, one inch and a half in circumference, and weighing forty grains and a half. It appears to consist of

uric acid, but as the size of the calculus is more remarkable than its composition I hesitated to break it. I directed the patient to call on me on the next morning, should any unfavourable symptom arise, but as I have seen nothing more of him, I conclude that all has gone on well. I am, Sir, yours obediently,

FRANCIS COOK.

Louth, May 28, 1843.

CURATIVE EFFECT OF HEAT ON A STING FROM A WASP.—A. M. Mège, in the course of last summer, had the misfortune to be stung by a wasp on the top of his middle finger. The unlucky gentleman, having no *eau de luce*, ammonia, or similar remedy at hand, suddenly thought of placing a burning match close to the wound. This *light* application in a few seconds caused the pain and swelling from the sting to disappear.

MALIGNANT TUMOUR OF THE UPPER LIP

REMOVED BY ABSORPTION SYNCHRONOUSLY WITH THE CORRECTION OF

DISORDERED FUNCTIONS.

To the Editor of THE LANCET.

SIR,—A lady, about thirty-four years of age, was requested by Mr. Kingdon to take my opinion on the following case:—She had a very hard tumour in the centre, and occupying about one-third of the upper lip. It had a very firm and well-defined boundary, was of a circular form, and, though deeply imbedded in the substance of the part, was very moveable. The lower surface of the tumour was denuded of its integuments, presenting an excoriated rather than an ulcerated surface. She suffered considerable pain occasionally, and the denuded surface was exquisitely sensitive. Some months had elapsed since her attention had been first excited to it, and the tumour had gradually acquired its present characters. She appeared much out of health; a bilious, dull, leaden complexion was accompanied by deficient appetite, irregular and painful menstruation, torpid bowels, cold skin, pain in the head, &c. Having carefully examined the case, I told her that I feared nothing could be of any service but the removal of the disease, and that I perfectly concurred in the advice given by Mr. Kingdon, viz., that so soon as her health was somewhat improved to allow him to remove it. Mr. Kingdon wished me to take an analytical account of her case, and to try whether it were possible by any measure to influence the condition of the tumour. In conformity, therefore, with the plan which I recommend, I took her case in a tabular form (a specimen of which I inclose), and on a careful review of the history and present phenomena was led to regard the liver and uterus as the organs *primarily* and chiefly affected. Not to enter into details which probably would interest but few of your readers, I may briefly state that the organs to which my endeavours were directed were the liver, skin, and uterus. Her diet was simple and strictly defined, and she kept memoranda of various matters to which I directed her attention, which were shown me at each visit, and which I find of great value in adjusting the diet in difficult cases. The lip was to be kept still; she was to speak as little as possible, and to take her food through the spout of a teapot. She was allowed to put a bread and water poultice to the lip at night, when the tumour was painful, and to defend it from the atmosphere in the day-time by a little spermaceti ointment, applied warm, by means of a camel-hair brush. The medicines she took were aloes, antimony, or ipecacuanha, and confection of opium, in different modifications and doses, according to her condition,

and now and then, but rarely, a single dose of calomel and confection of opium. Besides these, until the skin became more tractable (as I wished the kidney to be more liberal), I gave her nitrate of potash with sarsaparilla. She was to take daily exercise, and to have her skin well rubbed. She also, in the course of the treatment, had a tartar-emetic plaster applied to the pubes, which appeared an useful auxiliary in restoring a more healthy condition of the catamenia. The whole treatment lasted six months. At first her looks began to improve, then her functions to become more regular, and at length alterations were observed in the tumour, first a softening, and subsequently a diminution of its bulk. The absorption continued slowly but progressively, until the whole tumour had disappeared.

Now this sort of case is not entirely new to me. It is full twenty years since I first observed that in preparing patients for operation for tumours not distinguishable from carcinoma, that every now and then as the health improved some change took place in the tumour, suggesting delay, and that ultimately the tumour was absorbed. At first (although I was in the constant habit of removing carcinomatous tumours, especially of the breast) I concluded that I had mistaken the cases, but subsequently I began to mark them, and to take care that others saw them as well as myself; and although the difficulty is excessive, not only from the accurate analysis required, but from very numerous other causes of an extraneous kind, yet the result of the whole has furnished quite enough to convince me that tumours, not distinguishable from those of the most malignant character, may be sometimes absorbed by the same power of the economy which deposited them. These results will be rare, no doubt, at present, especially with the investigation (so called) which is generally adopted; but I have every reason to believe that were a more thorough investigation made, the successful results would soon be multiplied. I intended to have sent to you another case of a very different kind, but still alike encouraging us to be more particular, may I say more philosophical, in our mode of inquiry; but as I have occupied so much space, I will defer it to another opportunity. I inclose Mr. Kingdon's letter to me on the case for your perusal, and it gives me great pleasure to have the concurrent testimony of a practical surgeon of his experience as to its nature. I have the honour to be, Sir, your obedient servant,

GEO. MACILWAIN.

Argyle-place, May 25, 1843.

[We add the letter of Mr. Kingdon.—ED. L.

"New Bank-buildings. May 18.

"My dear Macilwain,—The young woman to whom you allude was brought to me with a sort of nodule on the upper lip, which in my opinion displayed the character of a malignant tumour, and not only from its own appearance and consistence, but from the general appearance and character of the patient herself, which was such as would lead any experienced surgeon to apprehend some malignant disease, had there been none manifest. The tumour occupied one-third of the upper lip at its centre, or, at all events, would have required more than one-third of the lip to remove the disease, which I thought would be necessary. With this unfavourable impression of the case I availed myself of your ready assistance, and sent her to you, desiring her to pursue any plan you might direct, and come to me again in a week. When next she came I saw no difference, and I acknowledge smiled at her description of your mode of investigation, but it had obtained her confidence; and, as the tumour had by no means increased either in size or malignity of appearance, I desired her to continue under your care as long as you would have the goodness to attend to her, and to see me occasionally. There was soon a manifest improvement in her general health; her face gradually lost its cadaverous appearance; her movements became more active, and her carriage more easy; but it was long before any material diminution was evident in the tumour, though its character from time to time was materially altered, until the whole of its apparent malignity disappeared, and then it became gradually absorbed, and disappeared also. I kept no notes of the case, as I knew that you did, and preferred to be a mere looker-on during your treatment; so that during the few weeks you were in the country I acted only as your assistant, modifying your prescriptions and your directions in accordance with your previous arrangements, as conveyed to me by memoranda put into my hands at the time. The case is wholly yours. I am only a looker-on, for I did not anticipate any relief but by excision.

"I am now convinced that many diseases which we have hitherto considered incurable, may be cured by that close attention to the minutiæ of function which does not permit the most insignificant portion of the frame to be overlooked; but the labour, the patience, the tact, required for the investigation, and all, necessarily, reiterated at each visit, with reference to previous notes, will most assuredly delay the adoption of the plan for many years, if not prohibit it altogether.

"I most sincerely rejoice, and at the same time wonder, at your successful treatment of this case. I remain, my dear Macilwain, as ever, most sincerely yours,

"W. KINGDON.

"To George Macilwain, Esq."

[The following are the heads of the divisions in the folio table employed by Mr. Macilwain in conducting the examination of a case, and reasoning upon it as regards the collection of phenomena] :—

TABLE OF RECORD.

Name, Date, Age, Occupation—present and former.

Born, Residing.

Soil, Sewerage, Water, or other local peculiarity.

Former Life, as ascertainable.
Climate.

Mode of Life.

Moral Causes, Diseases, Accidents.

Treatment.

Hereditary Influences.
Parents.

Brothers and Sisters.

Other Relations in Blood.

Summary of Injurious Influences as deducible from foregoing.

Assimilating Organs.
Tongue, Stomach.

Liver.

Spleen.

Bowels.

Respiratory Organs.

Circulating Organs.

Excretory or other Organs, Skin.

Urinary Organs, Kidney.

Bladder, Urethra.

Genital Organs.

Temperament as apparent.

Disease or Accident.

Alleged Duration and Progress.

Anomalous Symptoms.

Nervous System.
Brain.

External Senses.

Medulla Spinalis.

Results of Chemical Analyses or Tests, if any.

Summary of Symptoms, &c., where deemed convenient for reference.

Treatment.
with what Changes of Function, if any.
Diet.

Exercise.

Air, Temperature, Directions as to.

Medical or other additional Treatment, and Observations.

STATISTICS OF CANCER.

The following are results of researches on the prevalence of this disease throughout France, which have been made with much care and accuracy on the part of M. Le Roy d'Etiolles:—

Of 2781 cases occurring in the practice of 174 surgeons, 1227 happened in individuals above forty, and 1061 to others above sixty years of age. The cases of cancer of the uterus were about thirty per cent.; of the breast twenty-four per cent. Cancer of the mouth was in women only as one to one and a half per cent., while in men (probably from the use of the tobacco-pipe) it was as much as twenty-six per cent. Cancers supposed to have been of hereditary transmission figured only as 1 in 278(?); while those induced by scrofula were as 1 in 10; and by syphilis as 1 in 5.

The most useful part of the inquiry is that which is brought to bear upon the utility or otherwise of operating on cancers. Out of 1172 patients not operated on, 18 lived for more than thirty years after the first appearance of the disease; while out of 801 operated on by excision or caustic, the existence of only 4 was prolonged for a similar lapse of time; 14 patients operated on, and 34 not operated on, lived for a period of from twenty to thirty years; and 88 in the first category, and 228 in the second, lived from six to twenty years after the first appearance of the disease. The ordinary duration of life after this period among persons not operated on, is said to be five years for men, and five and a half for women; while among those operated on, it is no more than five years and two months for men, and six years for women.

From these results the natural conclusion is that the ablation of cancer (leaving out of account the risks attending the operation itself) does little, even when successful, to prolong life, and is therefore (in France, at least) of very questionable utility. Results like these, startling as they may seem, and however they may demand subsequent corroboration, are, at least, indications of the light which statistical science is enabled to throw upon the actual and relative value of many of the aids in medicine and surgery, of which we at present avail ourselves.

Cardinal Dubois having occasion for the professional care of Boudon, at that time the principal surgeon at the Hôtel Dieu in Paris, intimated to the latter a hope that his case could be considered in a light different from that of a poor beggar in the Hôtel Dieu. "My lord cardinal," replied Boudon, "those poor beggars receive as much of my care as if each had the title of 'your eminence!'"

SUPPOSED FEMALE EUNUCHS.

To the Editor..—Sir: The last Lancet (p. 261) contained some remarks on "female eunuchs in India," on which point I think Dr. Roberts was misinformed, and that the persons were males who had been *entirely* emasculated. A few years since I visited the prison at Agra, and in going through the male ward of the hospital was much struck with the countenance of a person who, I observed to the surgeon, had much more the appearance of a woman than that of a man. He said "yes," and that he was deserving my attention, as being a particular description of eunuch, in whom the external organs were entirely removed. He was taken into a separate room, and, on examination, I found that he had the *exact* local and general appearance described by Dr. Roberts. It is rather remarkable that this person was put into prison for attempting to perform the same operation on a boy as had been performed on himself. Unless Dr. Roberts should have had the opportunity of inspecting the internal organs of the persons he describes by a post-mortem examination, or adduces other evidence than that which is stated, I must remain sceptical to their being female eunuchs. The vizier, Almas, who was frequently alluded to during the trial of Warren Hastings, was stated to have been entirely emasculated, or, in the words of a member of the House of Commons, to have been cut "smack smooth." Adding my name and address in a private note, I am, your obedient servant,

A Bengal Surgeon.

London, May 26, 1843.

PARALYSIS OF THE BLADDER

CURED BY THE TINCTURE OF CANTHARIDES.

A patient was lately admitted into the Hôpital de la Pitie with paralysis of the bladder, for the relief of which all ordinary methods of treatment had failed. M. Lisfranc ordered the direct application of tincture of cantharides to the bladder by the following mode:—One drop of the tincture was let into the organ through a catheter, and followed by an injection of simple lukewarm water. Next day two drops were similarly instilled, and the like operation was repeated night and morning for several succeeding days, an additional drop of the tincture being added on each successive occasion. By this method of treatment a cure was soon effected. M. Lisfranc found no perceptible local irritation to result from the use of the tincture in an undiluted form, while the direct application of the remedy to the organ affected was clearly preferable, in every respect, to its internal administration.

THE LANCET.

London, Saturday, June 3, 1843.

THE case of M'NAUGHTEN led us lately to reflect specially on the reciprocal influence of mind and body; and a recent examination of the "Prize Essay" of Dr. GAVIN on Feigned Diseases,—which we have noticed in another part of this week's LANCET (p. 352)—having brought us again to the same subject, we shall here make a few remarks in elucidation of our views thereon in connection with medical education.

It was the custom of a learned professor who filled one of the most valuable chairs in the University of Edinburgh, when consulted by pupils who were completing their medical education, as to what course of study would be the most likely to promote their future progress over the rugged road of professional life, thus tritely to direct them, "Study mankind." The advice was shrewd and good. The study of *man*, morally and physically,—his animal nature and his intellectual in one aspect,—his passions, inclinations, and dispositions, the general capacity of his whole frame and its several parts to execute the functions of his various organs, and develop the propensities, good and ill, of his brain,—this important study should be begun at the beginning of every medical education, and cease only with the professional career. A clear knowledge of the principles of PSYCHOLOGY is inevitably essential to him who would consider that his medical education was complete, the absence of that knowledge certainly being one of the most frequent causes of want of success in medical practice. Not that we would encourage the introduction of metaphysical views into medical discussions, for we believe that there have already been too many subtleties associated with the various "systems of medicine" which have afflicted the world from time immemorial. Our desire now is to encourage in medical practitioners of every denomination a better acquaintance with the *principles* of mental philosophy than is generally obtained, but upon which principles their observation of mankind should be directed, and by means of which their abundant opportunities of watching mankind would be rendered remarkably useful to themselves, and the lessons that they so learn thereby become more readily and frequently transmitted to their professional brethren, and posterity.

Metaphysics, as defined by the chief writers on the subject, comprises the science which elucidates "the *principles* and *causes* of all things existing," embracing not only the powers of matter, but also so much of existtence as is generally called "immaterial." The investigations attaching to such a science may, and undoubtedly do, advantageously serve to qualify the mind for pursuing inductions and discerning truth; but we must remember that induction has never yet yielded us one iota of knowledge as to the real nature of the said causes. Whether we study the phenomena of mind or matter, by the inductive method, in each case and department we are brought to a barrier beyond which all that we even imagine we can perceive, is seen through the mist of conjecture. Yet by this method, solely, is it that man becomes acquainted with the laws of nature, and the relations of these to each other. And it cannot be too strenuously enforced that in every study relating to mind, quite as surely as in inquiries which belong to matter, the inductive method is the only sure method for advancing learning.

The branch of metaphysics, then, so much neglected in medical education, but the value of which we thus represent to our professional brethren, is *Psychology*, or the study of the phenomena of mind. Its principles must be learned and appreciated before the relations that subsist in the body between mind and matter can be comprehended—even, indeed, before one individual can satisfactorily communicate to another the results of his own experience in his daily intercourse with mankind. Can this branch of science be other than absolutely

necessary to those who would successfully deal with the disorders of the mind as well as the diseases of the body? How often, in every-day practice, do the phenomena which are referrible to the mental powers and faculties stand more prominently forward than those that appertain to the physical powers and functions? The art of discriminating disease depends as much on a knowledge of the operations of the mind as on an acquaintance with the sub-cerebral functions. The means of cure that are available in the hands of well-informed practitioners are derived from psychological as well as physical sources. The character of the human mind suggests to him remedies and antidotes for numerous diseased states, as direct and as potent as any drugs that he may possess for acting upon the body. Without a knowledge of the mind, its capabilities, habitudes, and vagaries, we are liable to the most lamentable deceptions in estimating the value of symptoms, the nature and intensity of diseases, and the effects of medicinal remedies. The saying that insanity was never cured by resorting to our moral Pharmacœopia, has been too implicity acted upon. Arguments and syllogisms, it is true, will not cure raving madness. But the deep, not to say the painful, interest in the moral management of the insane, which a lengthened discussion of the subject has occasioned, and the beneficial results that are likely to arise out of it, illustrate and confirm our remarks. It is not, however, to the wreck of human intellect alone, or even mainly, that we direct the practitioner's attention, but to every grade of alteration from the more perfect states of human intellect,—from the peculiarities observable in the soundest and most highly-cultivated minds, through the imbecility, and the irregularities and inanities of thought, which characterise dyspepsia, hypochondria, hysteria, chorea, plethora, anemia, morbid states of the blood, poisoning, and other structural and functional derangements of the body,—to the wild and furious, or muttering and melancholy, delirium which attends fevers, inflammations, and other acute diseases. Our psychological remedies are not only intellectual, but are derived from the remedial agency of the *active powers*, as they have been termed, or *passions* of the mind. Change of air and scenery, various amusements, the excitement of confidence and hope, the operation of fear, the abstraction of the attention, the direction or regulation of the imagination, the powers (anodyne or excitant) of music, the judicious management of feelings of emulation, ambition, veneration, the faculty of imitation,—these are only a few of the means that are available in the treatment of the innumerable otherwise helpless conditions of mental and bodily imbecility and suffering to which man is subject. Phenomena, and cases illustrating this, which have been the wonder, not only of the uninitiated in medicine, but sometimes even of medical practitioners, might be selected and multiplied *ad infinitum*, from the records of spells, relics, incantations, anodyne necklaces, metallic tractors, animal magnetism, homœopathy, and hydropathy; but enough may have been said at present to introduce our argument in favour of obtaining a correct knowledge of the principles of psychology in daily medical practice, and in our relations with society.

The want of scientific enthusiasm among the medical profession in this country is very marked, for the inducements to scientific exertion, and the rewards for scientific excellence, are scanty beyond example. One serious impediment to our advancement in science exists in the comparative inaccessibility, and the inefficient state, of the materials for study which our public institutions afford. Considering the materials that it possesses, the British Museum, for example, ought to be one of the grandest institutions in the world. Yet its enormous library is, in a great measure, closed against all persons who are engaged in the exercise of a profession, because accessible only when such persons are busily occupied with

the duties of their calling, though members of the learned professions are precisely the men to whom such a library is specially valuable, for the greater number of persons who are deeply immersed in literary or scientific pursuits belong to one or other of those professions. To make the library in question, therefore, really useful to those individuals who might chiefly benefit by its resources, it should be open in the evening as well as during the day. We have been told that such an arrangement would involve danger from fire. But this is a mere subterfuge, for on the same principle, a curfew ought to be rung through all the year at sunset, and the numerous individuals who dwell within the walls of the museum should be obliged to "put out their lights and go to bed." There is less danger of fire in a public reading-room than in a private dwelling. The fact is, that to extend the hours of research would involve a little more expense and a trifle more trouble, which the ruling powers of the land have hitherto ever been unwilling to bestow for the promotion of knowledge. Moreover, the librarians of the Museum are, without fault on their part, necessarily incompetent to fulfil the duties of their office. Is it possible for a man, however accomplished in general literature, to keep pace with the progress of professional and scientific literature in all its departments? Sir HENRY ELLIS, for instance, is a learned antiquary, and so ranks as an eminent literary character; but what knows he of medical literature in Germany, or chemical literature in France? Sir FREDERIC MADDEN is very great in old autographs, a famous decipherer of conundrums in ancient manuscripts, a good numismatist, not to be taken in by a shankless button; but does he supply the defects of Sir HENRY ELLIS? The library, although, of immense extent and value, is exceedingly defective in modern works on science, and especially foreign works. Members of the clerical and legal professions find a like deficiency in books relating to *their* peculiar studies, and from a similar reason. By increasing the present number of librarians, each of several might have assigned to him a particular department for which his previous studies and pursuits had fully qualified him. Thus divinity, ethics, and classical literature, would form two departments which learned ecclesiastics would be competent to administer. Medicine, general philosophy, and natural science, would be within the compass of highly-informed members of our own profession. Law, history, political economy, and other branches of knowledge connected therewith, would form fit departments for thoroughly educated lawyers; while general literature and the fine arts, although taking a very extensive range, might meet with many individuals who were competent to manage the departments of the library relating to them. We stickle not for this or that particular distribution of subjects. All we desire is that each librarian should be brought into contact with the subjects in which he is more or less conversant, instead of being confronted with universal bibliography, and the whole range of human knowledge. Look at the cabinet of natural history belonging to the museum. It has been, for years, almost entirely useless for the purposes of science. This, no doubt, is partly owing to the erection of the new building, and the transfer of the different parts of the collection to new rooms. But we could point out certain portions which have remained unmoved for more than ten years, during which time they have been in a state of utter chaos. But suppose that the collection was completely arranged, where are the explanatory catalogues to facilitate the study of each department? There never yet has been a general catalogue to the *subjects*. The present guide-book for the holiday people who go there for amusement is not of the smallest use to them, and but little to students.

Such as the cabinet of the British Museum now is, the Hunterian Museum has been, since our time as journalists began, and such

it would have continued to be, had we not applied THE LANCET very sharply to arouse its mindless and most unworthy guardians from their lethargy. The arrangement and catalogues of that stupendous collection now do some credit to the gentlemen who were set upon the labour of producing them, and it is pleasant to regard the results of our interference. HUNTER'S Museum is at length available for the purposes of study, and the library of the college is open to the members at large. That college affords an illustration of the different degrees in which the same materials may be rendered available for scientific purposes. Before the reforms in question were commenced, the College of Surgeons was the last place in the world to which any man would have thought of resorting for scientific information. The most splendid of museums was hidden from the light, while its guardians formed of themselves a cabinet of curiosities, altogether unique, though not in the smallest degree interesting. Now the College may, in spite of the Council, be regarded as a rich mine of professional instruction, and it is impossible to enter the Hunterian Museum without experiencing a feeling of exultation and thankfulness that so noble a monument of human genius, and so exhaustless a treasury of medical knowledge, exists in our land. But, with this exception, there is not one public, ample, unadulterated source of information for the medical profession in the kingdom. We have hospitals without *cliniques*,' libraries without keepers, museums without useful arrangements or catalogues; in fact, divers mockeries of national scientific institutions, all without nationality in their spirit, possessing everything save the one thing needful to make them useful, and each especially ill-calculated to create in the bosom of the student of medicine that bright and ardent enthusiasm which carries out and works to great ends and discoveries those germs of truth that occupy the shelves and niches of the walls, awaiting the visits and the reflections of curious observers and acute philosophers.

On Feigned and Factitious Diseases, chiefly of Soldiers and Seamen. **By HECTOR GAVIN, M.D. London: J. Churchill. 1843. Post 8vo. Pp. 436.**

IN this volume we find a catalogue of all the diseases which are said to have been simulated, from the beginning of the world, by different individuals, the practice of feigning disease having existed in every age, and been resorted to by members of every class of society. The work indicates very extensive research on the part of the author, who treats the subject chiefly as it applies to soldiers and seamen. We cannot but think that under a sound system of medical education and literature there would be no occasion to produce such partial treatises; nor would the profound and deeply-interesting questions relating to man, as a being presenting the highest order of cerebral and bodily structure, be so imperfectly investigated as they now are in all the volumes that are published under this and analogous titles. The subject comprises a knowledge of human motives and incentives to action. The art of detection presupposes a knowledge of physiognomy, of phrenology (so far as the latter has a true basis), of the nature and history of diseases, and of the methods by which they are induced, or aggravated, or falsely asserted to exist, or actually simulated. Accordingly a treatise of this nature might with advantage be made more general and scientific, and the first principles of psychology would form a very appropriate introduction to the work. Nevertheless, we can recommend Dr. Gavin's essay as one which contains much useful information, and as a valuable text-book for those who are engaged in the military and naval services.

NITRATE OF SILVER AS AN EMMENAGOGUE.

A CONTINENTAL physician, Dr. Lubanski, was called on to attend a woman, twenty-five years of age, for amenorrhœa, which had lasted for four months, and was attended with a number of symptoms apparently indicative of organic disease of the uterus. Having applied the nitrate of silver to some granulations on the os uteri, he was surprised to find the menstrual evacuation reappear in the course of a few hours. Similar cauterisation was applied at intervals for four times successively, and was every time followed by catamenial discharge. Since that period Dr. Lubanski has employed nitrate of silver to the os uteri in many cases of suppressed menstruation, and with success in most instances, except where the amenorrhœa was symptomatic of some other affection.—*Ann. d'Obstetrique*, 1843.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, May 22, 1843.

EDWARD STANLEY, F.R.S., President.

A few Observations on Encysted Hydrocele. By ROBERT LISTON, F.R.S., Surgeon to the North London Hospital.

THE author commenced by referring to the excellent manner in which the subject had been treated of by former writers, both ancient and modern, and stating as an apology for introducing it, that he had recently made an observation which induced him to believe that some collections in the scrotum are more intimately connected with the testicle, or its seminiferous tubes, than has been generally supposed.

When swellings of this kind have attained a large size it is difficult, if not impossible, to distinguish between the encysted and the common hydrocele; so that it is only when we have the opportunity of examining them at an early stage of their formation that we can ascertain their nature correctly. He adverted to the description given by several authors of eminence, of cysts formed in immediate proximity to the testis or epididymis, and pointed out some of the principal characters by which encysted hydrocele is distinguished from collections in the tunica vaginalis. The peculiarity of the former is, that the fluid contained in it is clear and limpid, and exhibits no trace of albumen; and another is, that in the operations for radical cure, its walls are not so prone to take on inflammatory action as those in common hydrocele. One object of the author's communication was to give a rational explanation of this circumstance.

About nine or ten months since, he was consulted by a gentleman beyond the middle period of life on account of tumour of the scrotum. There was plainly fluid on both sides. The largest cyst was punctured, and gave exit to some eight or nine ounces of this fluid, resembling distilled water with a little soap diffused through it. The other side was punctured a few months afterwards, and five or six ounces of ordinary serum discharged. A short time since, the patient returned to have the first cyst again emptied. The fluid had the same appearance as before. It contained scarcely a trace of albumen. On the second day after it had been drawn off, a small quantity was examined with the microscope, when it was found quite full of spermatozoa. It contained, also, some of the primitive cells, in which the spermatozoa are developed, and mucous globules. Had the fluid been examined sooner, probably the animalcules might have been found in motion.

The preceding observation was lately confirmed by the examination of the fluid withdrawn from a small cyst in the scrotum of a man aged fifty-three, who had applied to be treated for a bad stricture. It was nearly transparent and colourless, and was found to contain numerous spermatozoa, some of which continued to move actively for a considerable time after the fluid had been drawn from the cyst.

The author referred next to several preparations of cysts connected with the body of the testis and epididymis, which he had lately attentively examined with the view of ascertaining, if possible, the nature of the connection between these collections of fluid and the glandular structure of the testis. He concluded with proposing the three following questions for investigation.

First. Does the limpid fluid drawn from cysts of the scrotum, or inguinal region, uniformly, or often, contain spermatozoa?

Second. What connection subsists between the seminiferous tubes and these cysts?

Third. Whether dilatation of parts of the epididymis or vas deferens, from obstruction or otherwise, may not, in some instances, give rise to these collections?

If it be established that these cavities are always lined with mucous membrane, we should have an easy solution of the difficulty regarding a radical cure not following injection, as in the serous cyst.

Mr. BLIZARD CURLING said, that the fact of spermatozoa being found in the fluid of encysted hydrocele was interesting and original. He himself had seen them in great numbers in this fluid. He was disposed, however, to question the explanation of the circumstance as given by the author. He doubted much if these cysts were formed by one of the seminiferous tubes. He had examined these cysts, and found them to partake rather of the serous than the mucous character. He should attribute the presence of the spermatozoa in the cysts to the accidental rupture of a seminiferous tube into them.

Mr. CÆSAR HAWKINS thought that the observation of Mr. Liston would require confirmation. Generally these cysts were free, and there was a distinct membrane between them and the seminiferous tubes. The same kind of cysts found in other situations of the body would often resist the ordinary means of cure by injection. They were constantly changing their character. They would at first secrete a thin watery fluid, and afterwards their coats would become fibrous, and the fluid secreted would be albuminous. He related the case of a woman in St. George's Hospital, who had a large cyst extending from Poupart's ligament some distance into the abdomen. It was moveable. Setons had been frequently passed through it without producing any beneficial effect. It was accordingly determined to extirpate it. It was traced, on making an incision over it, to the femoral ring, and found to be a hernial sac, blocked up by a piece of omentum. It

no longer secreted serum, but merely a watery fluid. This explained its resistance to the ordinary means of cure.

Some Account of an Epidemic which prevailed at Teheran in the Months of January and February, 1842. By C. W. Bell, M.D., attached to H. B. M. Mission at the Court of Persia, in a Letter to his Brother, Dr. G. J. Bell, Travelling Fellow of Oxford.

The disease described by the writer occurred nearly simultaneously with an anomalous complaint, presenting symptoms like those of angina pectoris, which broke out as an epidemic, at Bagdad, and carried off many persons suddenly. The disease which the author witnessed was attended with a nervous excited action of the heart and arteries, periodical, but neither preceded by chill, nor succeeded by perspiration. Many of the patients were seized with fits, which in some instances resembled epilepsy, and in others were like apoplexy, with palsy of one or other of the extremities. In some cases the patients suffered only from numbness and sleeping of the hands and feet, and they had always more or less palpitation of the heart at the same time, sometimes amounting to pain. The attacks of spasm and loss of power in the extremities returned periodically in some instances, but passed off as single attacks in others. The author was induced at first to employ antiphlogistic measures, but these he soon abandoned, and had recourse to quinine. This last medicine he did not find so effectual as a combination of iron and assafœtida, which he gave on the first accession of the disease, and commonly with speedy success. Numerous cases are related to illustrate the disease and its treatment.

Dr. Webster expressed his satisfaction at having heard the paper read, as it contained interesting information respecting the diseases prevalent in so distant a country as the one alluded to by the author, and of which medical men in England generally knew so little. Nevertheless, although the paper was a valuable communication, he differed in opinion with the writer, both in regard to the name given to the epidemic disease there described, and also as to the plan of treatment generally pursued. Instead of considering the cases detailed as epilepsy, he (Dr. W.) would rather classify them as attacks of ague, or as the first onsets of malignant fever, depending upon malaria, which, in these hot eastern countries, frequently assumed the most severe form, and were often fatal at the very first stage. He (Dr. W.) spoke on such subjects with some diffidence, as he had not visited the countries alluded to; but every medical man knew that in the moist and sultry climate of Bagdad, which was situated on the banks of a very large river, and in a marshy district, agues and fevers of the severest type often prevailed; and he would say the history and symptoms described, particularly of the second case related by the author, appeared to be more those of ague than epilepsy, as the fit came on regularly every night. In eastern climates intermittent fevers often proved fatal on the first attack, as he knew from melancholy experience, having lost a near relative under such circumstances. He would, therefore, ask those Fellows present who had personal knowledge on these subjects, from having visited eastern climates, whether the opinions he now took the liberty of expressing coincided with their observation? Respecting the treatment, he (Dr. W.) also differed from the author as to the utility of venesection, and would rather have trusted to tonics and stimulants, with generous diet and aperients; indeed, the author himself stated, in the subsequent part of his paper, that latterly he bled less than at first, and then employed carbonate of iron, assafœtida, and ether, which proved more successful. In his judgment such treatment was the most appropriate according to the symptoms characterising the epidemic malady described.

Dr. Johnson agreed with Dr. Webster that the disease described in the paper was clearly the result of malaria, and of the intermittent character. It was remarkable to observe the diversified effects of malaria in countries where it was very prevalent, as, for instance, in Egypt. He had, in his work on the "Diseases of Tropical Climates," described a malarial epidemic which prevailed on the Malabar coast, in which the head became first affected, the patient in a few minutes would become maniacal and jump overboard into the sea, which the poor fellow believed to be a green meadow. Tonics, with occasionally the loss of blood, were the means most successful in resisting its fatal effects. The symptoms of malarial disease were very variable and anomalous, as had been proved in Batavia, and recently at Chusan.

Dr. Henry Lee attributed the disease described by Mr. Bell to the influence of atmospheric causes. A similar kind of affection, of a very fatal character, prevailed in Holland at the beginning of the last century. Great drowsiness, as the first symptom of malarial fever, was often observed in Paris, and other parts of France and the continent. The patients became drowsy as if in a fit. If in this condition they were bled they almost invariably died. The usual medicine employed was bark, and this was generally successful. It was worth mentioning, that Montpelier, where many patients were sent for the benefit of their health, was particularly subject to malarial disease. The patients became affected with headach, followed by great depression. Under the use

of cordials and bark they usually, though not always, recovered.

Sir GEORGE LEFEVRE had no doubt that the cases described by Mr. Bell were a species of ague. He related a case which occurred to a courier at St. Petersburgh. This patient, after returning from a place where malaria was prevalent, became very agitated and anxious in his manner, without any marked symptom of disease. He prescribed for him a carminative draught. At night he was sent for; he found the patient much worse; he was labouring under great cerebral excitement and fever, and, in fact, appeared to be suffering from an attack of phrenitis. Under the use of bleeding, blisters, and other antiphlogistic remedies, he recovered a little, and was decidedly better the next day. The following day (the third) he had a relapse; there was great nervous excitement and much palpitation of the heart. On the seventh or eighth day he was supposed to be dying; his symptoms were like those of epilepsy coming on in the cold stage of an ague. He revived under the employment of brandy. Subsequently ten grains of quinine were given three or four times a-day, and the patient got quite well.

Mr. DAVIS could bear testimony to the severity and variety of the malarial diseases which prevailed in Egypt many years since, particularly in one locality where he had been stationed. At that period quinine was unknown, and the most successful treatment was the exhibition of powerful tonics, such as the sulphate of zinc and the sulphate of iron. The return of some of these attacks was occasionally prevented by the administration of a large dose of opium, such as five or ten grains, about an hour before the expected seizure. So severe were these attacks, in some instances, that the patient perished in the first fit, before the surgeon could possibly see him. He recollected one remarkable case which occurred to a man recently arrived from England; he was taken ill suddenly, and kept getting out of bed. He was in a delirious condition, and kept laughing hysterically. He was placed in bed, and a full dose of laudanum administered to him. He slept well for many hours, and awoke with a moist skin and a moist tongue. The intermittent, of which this attack was the commencement, was afterwards cured by tonics.

Dr. GREGORY said that one important point connected with ague was the quantity of quinine necessary to be given for its cure. He related a case of pure ague which recently occurred on the banks of the Thames, in a person of a young lady, eighteen years of age. At the first three grains of quinine were given every three or four hours without the slightest benefit. The dose was increased to ten grains every eight hours, and twelve grains immediately before the fit was expected. The plan was successful. He attributed the non-success of the first doses to their being much too small. Quinine was frequently given in under-doses.

Sir G. LEFEVRE, when he first practised at St. Petersburgh, in which city ague was at certain seasons very prevalent, had attributed the non-successful use of the quinine to its impure condition. He, therefore, imported some from England. He found that he had mistaken the dose that was necessary for cure, and that the St. Petersburg quinine was as good as the English. He never afterwards gave a less dose than ten grains every four or six hours during the interval. If he gave less the disease always baffled the treatment.

Dr. WEBSTER agreed generally in the sentiments expressed by Dr. Gregory relative to the inutility of small doses of quinine; and he believed, with that gentleman, were this tonic remedy exhibited in larger quantity than appears often to be the practice, its beneficial effects in the cure of those diseases for which it is adapted would then be more frequently exemplified. Still, whilst advocating large doses of quinine under particular circumstances, the practitioner must not fall into the opposite extreme, lest bad, if not fatal, consequences should supervene. In support of this opinion, he (Dr. W.) would refer to some cases recently published in the French medical journals, wherein it is stated that death followed the exhibition of sulphate of quinine in larger doses than ordinary; he thinks this occurred in the Hôtel Dieu, and that the quantity of the medicine employed was ten grains at a time, frequently repeated. Although coinciding generally in the remarks of Dr. Gregory, it ought still to be remembered that the practice now recommended was sometimes dangerous. Again, referring to the cases related in the paper, he would beg leave to say, in his estimation at least, that large doses of quinine would probably have proved more successful than either the carbonate of iron or assafœtida, prescribed by the author; and however much he differed in opinion with him as to the true designation of the disease described and the treatment at first pursued, the paper was interesting and valuable.

Mr. STANLEY had known of cases of rheumatism in the treatment of which doses of ten or twelve grains of quinine had proved fatal to the patient.

Mr. QUAIN justified the author of the paper in the system he had pursued. He left off the bleeding as soon as he had found it injurious, and substituted a tonic for a depletory system. He thought the disease in many respects did not agree with the general characters of ague.

Dr. SEWELL (of Washington) recognised the disease described in the paper as the result of malarial influence. He had found

the diseases arising from malaria in America to simulate almost every kind of disease. He had seen it simulate epilepsy and mania; he had seen cases in which there was no reaction from the first seizure, the coldness gradually extending from the fingers and toes to the centres in six or eight hours, and terminating life. There were many cases in which nothing would avail. In very bad cases he had given large doses of quinine, as much, indeed, as thirty grains every two hours. Five-grain doses, however, were the usual ones, or one grain every hour. In very bad cases no external influences had the least effect upon the patient; and if the large doses of quinine failed, he died. In some cases large doses of quinine seemed to produce bad effects. In the very severe cases, however, the brain did not appear to be injured by the quantity given; it was in cases of a less severe character that quinine produced its effect upon the brain. At first it caused deafness, and he had seen it produce stertorous breathing and a dilated pupil. All these symptoms were relieved by the application of a blister to the head or forehead, and the employment of purgatives. He might observe, however, that these symptoms occurred so seldom that they formed no kind of objection whatever to the use of quinine. Opium, in ordinary intermittents, would, in doses of two or three grains, often arrest the progress of the fever at its commencement. When the cases were very bad it was thought that the employment of opium was a dangerous experiment, but when the powers of life were less affected it was a valuable remedy.

Mr. Ancell had some years since a good deal of experience in relation to the diseases which were prevalent on the banks of the Mississipi. His observations fully bore out the remarks which had been made by Dr. Sewell. He (Mr. Ancell) had seen fever of all forms as the result of malaria. Indeed, fever in the locality referred to swallowed up all other diseases, and destroyed almost all the weakly inhabitants. Quinine at that period was unknown, and the remedies employed were bark and wine. Powder of bark was given in wine, decoction of snake-root, or whiskey and water. It was a very useful and beneficial medicine, and if it did fail he thought the failure was to be attributed to the patient not having taken sufficient of the medicine. He well recollected several cases in which individuals were taken suddenly comatose and cold, and died in a few hours, no reaction having taken place. In some cases patients lingered three or four days, but there was no reaction from the first. He had not seen one case simulating epilepsy like those mentioned in the paper, but he had seen worse cases in respect to the cerebral symptoms and the collapse. With respect to the use of quinine, he considered, in obstinate cases, that the doses given in this country were altogether too small. This was not only the case in ague, but in neuralgic and other diseases. He had seen neuralgic diseases going on for weeks and months, and resisting all kinds of tonics, iron, small doses of quinine, &c., give way before doses of ten grains of quinine administered three times a-day. He had seen deafness and other inconveniences from quinine.

Dr. Sewell could confirm all the remarks of the last speaker. It would be found that sixty grains of quinine, given in two or three doses would be much more effectual in malarial diseases than sixty grains given in one-grain doses. There had formerly been a very great deal of malarial disease in the neighbourhood of Washington, but by planting, draining, &c., they had got rid of most of it.

Dr. Bucknill related his own case to illustrate the efficacy of large doses of quinine where smaller ones had totally failed. He had suffered for two months from a severe pain on the right side of the head, which came on about six in the evening. Quinine in doses of one or two grains was of no avail. He then took scruple-doses about an hour before the expected attack, and in two or three days he was well. He only required to keep his bowels open even with these large doses, no bad effect following.

ROYAL MEDICO-BOTANICAL SOCIETY, *May* 25.

Dr. Cooke in the chair. A paper on the Lactucarium, the inspissated juice of the lettuce, was read. Obtained when the plant is in flower, it has been acknowledged by various writers to possess the sedative properties of opium, without any of its inconveniences, that is to say, it neither affects the brain nor the alimentary canal. Dr. Duncan says it is peculiarly adapted for the relief of nervous diseases and hypochondriacs. It is procured unfortunately in very small quantity, and is exceedingly rare; the extract of the entire plant, which has been prepared as a substitute for it, is very inefficient and inert. Lactucarium is of a brown colour, friable, and dry; the extract is black, soft, and deliquescent. Aqueous preparations of lactucarium are nearly inert. The dose of it in substance has never been more than six grains.

Dr. Houlton afterwards made some remarks on some fine specimens of recent medical plants which were placed on the table by Mr. Barham. A special meeting of the society was then held, at which it was decided to admit members residing beyond five miles from the General Post-office, on paying a composition fee of five guineas.

Dr. Peysson, of Lyons, has employed general bleeding with great efficacy in dysentery.

MEDICAL REGISTRARS OF DEATHS.

To the Editor.—Sir: I have a word or two to say on the same subject, as Mr. Farr (p. 236), who, no doubt zealous in the cause of statistics, in thus forcibly appealing to the profession to aid in this great work, is doing much good; but in the late instructions from the registrar-general there appears such a mass of incongruous terms collated from the different registers, that did they not issue from authority, we could hardly credit the possibility of such entries among the "causes of death." I would ask Mr. Farr, do such terms abound in the registers of *medical* registrars; or do they not rather appear in the registries of those who are not in the profession? To remedy an evil which so much detracts from the worth of these auxiliaries to the science of statistics, I would suggest that in the future appointments of registrars, the office should be first offered to a medical man in each district, and I have no doubt that it would generally be accepted by one. I will briefly mention a fact, no doubt daily observed by Mr. Farr, that in looking over two registers a few days ago, one belonging to a medical man contained entries of such causes of death as "measles," "pneumonia," &c.; while the other, kept by a person in trade, the majority of diseases were thus named, "inflammation," "cough," "abscess," &c., and several places were left blank. I am, Sir, your obedient servant,

CHIRURGUS.

May 25, 1843.

LETTER FROM A MAN-MIDWIFE.

[OUR friends at Apothecaries' Hall may not always be so willing to read complaints against their proceedings as we imagine they will be to see the following letter in print. It is, of course, given *verbatim*, and we find an apology for its publication in the gratification which both parties will receive from its insertion.]

To the Editor of THE LANCET.

Sir,—Much as your time has been occupied in perusing letters having for their object accusation against the hon. Society of Apothecaries, yet I trust you will indulge me with a few minutes attention to what, "tho' last, is not the least," that have from time to time been laid before you. Being enabled, without fear of molestation from the worthy drug dealers, to practise as a man midwife, without even attending one course of lectures, it seems to me to be as remarkable as it is absurd to disallow a young man to registor a course of midwifery until an anatomical session has been attended. Such, however, when presenting my case at the hall on Monday last I found to be the case, and that, after having attended three weeks' lectures, having, as I flattered myself during that time been, by my lecturer, fully instructed in the anatomy of the pelvis from the lumbar vertebræ down to the last bone of the coccyx, I cannot be registered because I have not attended anatomy. Lecturers on midwifery, read this, and dismiss for ever from your minds the anatomical part of your lectures, the old gentlemen at the hall giving it as their opinion that it is not in your power to describe the ossa innominata, or their more intimate neighbours, the vessels and nerves of the uterine system. I am, Sir your obedient servant,

W. H. NASH.

May, 1843.

NATURE AND TREATMENT OF SEA-SICKNESS.

IT is well known that one of the causes, and perhaps the primary one, of this most disagreeable affection is a confusion in the brain respecting the laws of perspective, caused by constant motion, which produces vertigo, itself the forerunner of other not trifling *désagrements*; but beyond this the rolling and pitching of the vessel causes an upheaving of the intestines in a vertical direction, thus pressing the diaphragm against the viscera of the upper part of the abdomen and giving rise to the mechanical action of vomiting. Now, with respect to the first of these causes, its action may be greatly diminished by allowing the eye to roam carelessly over the surrounding scenery irrespectively of the vessel itself, or else by entirely closing the visual organs; with respect to the second, there cannot be the least doubt that if the periods of respiration be made to correspond (as by practice they may, as well as the movements of the body) with the oscillation of the vessel on the waves, the mechanical cause of sea-sickness will no longer exist, and all the unpleasant sensations will be avoided. The above suggestions are made by an intelligent French traveller whom "sad experience" taught the mode of escape from this distressing malady; and its efficacy is corroborated by an old packet-captain known to us, who has always found that the evil has been prevented in cases where his friends have adopted the above method. With respect to medicinal agents, no nostrums, so far as we hear, have ever succeeded in averting sea-sickness; though undoubtedly benefit may be derived from a preparatory dose of antibilious medicine.

DR. HASSE, of Königsberg, cauterises the parts affected in laryngeal phthisis with a strong solution of nitrate of silver, consisting of one part of the nitrate to four, and afterwards two, parts of water.

NEWS OF THE WEEK.

Amongst the new publications which the week has brought to our table we find one on the Diseases of the Testis and its connections, by Mr. Curling, assistant-surgeon to the London Hospital, the result of inquiries specially directed, during the last seven or eight years, to the pathological changes to which that organ is liable. Considering his investigations to have furnished some facts possessing interest and value in relation to certain imperfectly understood affections of the testis, he submits them to public attention. Mr. Curling adds that his researches on the structure of the testis lead him to describe certain of its parts differently from other anatomists, and enable him to throw some light on the interesting subject of the descent of the testis. At present we can only add that the work seems to be ably written, and to be specially practical in its contents. It contains some beautifully executed wood engravings by the much be-praised Mr. Bagg, who seems to have won the hearts of all medical authors by the fidelity with which he converts anatomical drawings into print.

Dr. J. C. Hall, of Retford, has just put forth some "Clinical Remarks" on diseases of the eye, gout, rheumatism, fistula, cancer, hernia, indigestion, &c., professed to have been derived "at the bed-side," in mentioning which Dr. Hall adds a special memorandum in favour of that mode of obtaining medical facts; for he fears, with Dr. Graves, "that the modern attention to the collateral sciences, chemistry, electricity, magnetism, microscopic investigation, &c., have a tendency to withdraw the attention of students too much from the main object—clinical observation." Dr. Hall has gone his own way to work for noting medical facts, because that way suited best his taste, convenience, and powers of investigation; but he should not have spoken one word against the methods of other inquirers. Considering how particularly clinical he declares his volume to be, we are surprised at the number of references which are made to other authors, for there seems to be scarcely a writer of any authority in medicine who is not quoted, in one or other part of the volume, for some dictum on the points under discussion.

Dr. Ashwell, "obstetric physician and lecturer at Guy's Hospital," has published Part II. (on Organic Diseases) of his treatise on the Diseases that are Peculiar to Women. A third part is to complete the work—another addition to the enormous mass of individual opinions which have found their way into print on these objects of inquiry.

Dr. J. G. Davey, of the Hanwell Asylum, has published a little budget of statements and views on the question of the legal responsibility of persons who are presumed to be insane, and decides against dealing with them as criminals when they have erred against the law. For instance, he would not have hung M'Naughten, although that individual was perfectly cognisant that he was about to murder Mr. Drummond when he fired the pistol. And we doubt very much if any proprietor, or medical officer, or keeper, of any lunatic asylum in the world, would agree to execute the common law upon such persons. We need not say more on a matter in which our remarks, if they related to the opinions of tradesmen on a subject of goods, might be regarded as very personal to the shop. There are to be found in Dr. Davey's entertaining pamphlet several energetic averments that insanity is never *general* in any individual; that insane persons are perfectly conscious of their acts; yet that their *partial* insanity relieves them from responsibility. Thus, to murder a fellow-creature with a perfect sense that the act *is* murder, and contrary to law, is not criminal in a partially insane person,—a doctrine that is well calculated to astonish and shock all persons who live out of lunatic asylums.

The eleventh volume of the "Transactions of the Provincial Medical and Surgical Association" has this week been published. However valuable the papers which it contains, we cannot recognise a useful purpose in converting them into a special volume. They might just as well have formed part of the "transactions" of the editors of the periodical press, instead of helping to pile more "literary Pelion" (p. 1481) upon the already enormous Ossa.

A second edition of Mr. Edwin Lee's "Baths of Germany" has just appeared; as also has a new work entitled, "Austria, its Literary, Scientific, and Medical Institutions," by Mr. W. R. Wilde, surgeon. It is a very dry, but in some respects a useful catalogue, with an occasional laudation of the "civil and political ignorance" of nations that are governed despotically, while other nations around them are being "shaken to their foundations by over-strained or premature reforms, that have either threatened or ended in revolution." Mr. Wilde appears to be a gentleman who would not dislike to see a guard of soldiers as well at the door of every medical institution as of the barracks of the country.

Dr. W. A. Guy, of King's College, has recently taken considerable pains to ascertain the extent of influence which the *seasons* and the *weather*, in this country, especially in London, exercise in the production or the aggravation of disease and mortality, and in the May number of the "Journal of the Statistical Society of London," has published the facts bearing on the subject, which he

has collected. The deductions which he makes from these are, "that there is no relation, whether direct or inverse, between the mortality and any single condition of the air, but that the sickness follows the exact order of the temperature and dew-point, varying directly as each of them.—That the disorders which determine the order of the quarters in respect of sickness, or which may be said to govern the law of sickness, are the febrile affections, catarrh, the contagious exanthemata, and disorders of the digestive organs; to which may be added scrofula, gout, dropsy, &c. These prevail chiefly in the third and first quarters of the year. The diseases of the organs of respiration follow precisely the inverse order of those already named, being most prevalent in the second and fourth quarters; and these are the diseases which chiefly govern the order of mortality.—As a general rule, but one admitting of many exceptions, it may be stated, that the amount of sickness tends to vary directly, and the amount of mortality inversely, as the temperature.—No class of diseases has been found to follow the order of the total mortality; in other words, there was no class of diseases that by the great difference in the mortality which it occasioned in the several quarters of the year might be said to determine or govern the total mortality. The deaths, however, from diseases of the organs of respiration and from old age followed the order of the total mortality, except that the second and third quarters were inverted.—Were it not for the excessive mortality during the summer months, the deaths from diseases of the chest, coupled with those from old age, would have governed the mortality; and it is highly probable that if a severe winter were to coincide with a mild summer, this would prove to be the case.—It would appear that on an average of a number of years the mortality for the metropolis corresponds with that for the entire kingdom, inasmuch as the first quarter is the most fatal, and the third the least fatal, but that the place of the second and fourth quarters is inverted, the autumn being most fatal in the metropolis and the spring in the country gennrally."

A LICENTIATE of Apothecaries' Hall urges, in the pages of a contemporary, that if the lectures now in process of delivery by Professor Brande to the members *only* of the Apothecaries' Company, were thrown open *also* to its licentiates, the latter would gladly avail themselves of the privilege of attending; and he instances the fact that the lectures delivered at the Colleges of both Physicians and Surgeons are open to the licentiates of those bodies respectively, as an example to the apothecaries worthy of being followed—*jucunda et tutissima.*

THE district surgeons of Glasgow, in order, we suppose, that their remonstrances may go double-shotted to the directors of the Glasgow Town's Hospital, have issued a circular which shows that from October, 1837, till April, 1841, the number of cases, on an average, treated quarterly by each surgeon had been 83; from April, 1841, till October, 1842, 91; and from October, 1842, till April, 1843, 110; and that while it is thus evident that the labours of the district surgeons have been continually increasing, their salary, during the whole period embraced by these returns, has remained the same, consequently the proportional rate of remuneration has greatly diminished. When there were twelve district surgeons, each surgeon received, on an average, for attendance on each patient, the sum of 1s 3¼d; when the number of surgeons was increased to fourteen, the remuneration decreased to 1s 1¼d; and now that the number of surgeons is seventeen, the sum for each patient is only 11¼d. Allowing that on an average seven visits are made to each patient, the twelve district surgeons received 2¼d per visit; the fourteen, 2d per visit; while the seventeen, the present number, receive only 1¼d per visit, for which sum, in addition to visiting, several hours daily are devoted to giving advice and dispensing medicines, making out the weekly reports, &c.!

FOR those who believe everything to be true that is found in print, we announce the unusual incident of the growth of hairs on the tongue in a man who had first suffered from a general sense of uneasiness throughout the body, but particularly in the stomach. The mouth became continually filled with a viscous fluid, taste was completely abolished, and lastly, hairs covered the surface of the tongue, which, though they disappeared under the influence of an emetic, were replaced by others that ultimately attained a length of more than an inch. We copy the statement from a number of the "Oesterr. Med. Wochenschrift," which has just reached us. *Credat Judæus.*

EVIDENCE of the power of *garlic* to produce inflammation of the bladder recently occurred in a young man who presented himself at the Hôtel Dieu of Thoulouse, with cystitis. On the day preceding he had breakfasted off bread, a pint of *vin ordinaire*, and a few cloves of garlic. He immediately afterwards felt a burning pain in the hypogastrium, which soon became intense, with frequent desire to urinate, which act was attended with smarting pain. It appeared to be obvious that the garlic solely had caused these symptoms. Antiphlogistic treatment, however, with emollient clysters and baths, promptly effected a cure.

SIGNOR BERTOLINI, of Turin, informs us that he combats paroxysms of *insanity* with much success by narcotic baths; two pounds of a mixture of henbane, belladonna, hemlock, and cherry laurel-leaves being infused

for a bath. Great attention is paid in Italy to atmospheric changes, the endemic or epidemic character of diseases, and other collateral circumstances by which medical treatment is materially influenced. It is customary in spring and summer for the Italians to resort to frequent bleedings with the view of averting inflammatory diseases. Dr. Guislan says that he has frequently known ladies who have undergone 100 bleedings without any perceptible impairment of their health, and that he knew a Milanese (man) who had been bled 40 times in the course of a disease which had scarcely lasted a month.—See the *Lettres Med. sur l'Italie.*

According to a new Belgian medical traveller, *Italy*, the garden of Europe, south of the Alps and Apennines, is a very unfit region for individuals suffering from pectoral diseases. At the hospital of Pammatone, in Genoa, of a number of patients received during a period not stated previously to Jan. 1833, 2354 were the subjects of chest disease; while only 735 were affected with abdominal diseases, 460 with inflammatory fevers, 59 with intermittent fevers, and 529 with syphilitic diseases. Tubercular disease is very common at Florence, Naples, and Rome; and at the last-named city the deaths annually are as 1 to 26 of the inhabitants (Tournon *Statist. de Rome*); while in the country at large it is but as 1 to 23. Independently of the prevalence of malaria in its neighbourhood, Rome, in common with most Italian cities near the sea, experiences great variations of temperature. Calculi and hepatic and cerebral diseases are very common in Italy. Insanity is, however, much less common than in England, for at the time that in our own country, with 12,780,000 inhabitants, there were estimated to be upwards of 17,200 insane persons, Italy, with 16,799,000 inhabitants, was supposed to comprise only 4500 insane.

The president of the philosophers of Birmingham held his last *soirée* on Wednesday, the 24th, when William, Duke of Tuskany, who attended on the occasion with his chaplain and his amanuensis, exclaimed, at the entrance, "Samivel and Casey, dear, there never was sich a getting up stairs." At ten minutes before seven, the president, looking through the hole in the curtain, was overheard to whisper, "No eye before hath ever seen such scare-crows! I'll not march through Coventry with them, that's flat." On the table was placed a most wonderful *κόπρος*, described by those who are learned in coprolites as "a boss, circular, about two inches in diameter, of great delicacy and beauty," the supposed production of a "priestess," "perfectly distinct, and in excellent preservation." At eight o'clock, the president, in his best bib and tucker, entered the theatre, and after a few

> "Quips, and cranks, and wanton wiles,
> Nods, and becks, and wreathed smiles,"

briefly explained the object of the society, which was established for the "promotion of literature and science, and for the cultivation of high moral character and honourable feelings." (*Great applause.*) Those curious and interesting documents, the "Epistolæ quædam mei carissimi Richardi Ligni," were then read. The illustrations from Shakespeare were given, followed, by particular desire, by the ghost-scene, from Macbeth:—

> "Thou canst not say I did it."
> "—— Avaunt! and quit my sight."

All was rapturously encored, and the little pedagogus cocked his cap, and, in a burst of enthusiasm, swore by Saint Crispin that their president "was the Agamemnon, the head of Grecian princes, the *ἀναξ ἀνδρῶν*, presiding at a general council." This overwhelming display of talent and learning created a deep sensation, followed by an essay on bricks, an exhibition of a new trombone and other wind instruments, and an essay on the "physiological action of oxalic acid" in discharging ink-spots and iron-moulds; but the "learned author was restricted by the Royal Society of Edinburgh from showing the experiments." The *permissi et socii* now became impatient, and the "Il divino-musico-medico" raised cries of "Tally-ho!" "Nunc est bibendum," and "Tam O'Shanter." It was currently whispered in the theatre that this "extraordinary demonstration of almost all the literati of the town," was got up previously to the pilgrimage of Joseph and Jamie to Worcester to form in that neglected city, with their *confrère*, a "triumvirate of surgical worth."

Society for Relief of Widows and Orphans of Medical Men.—We beg leave again to draw attention to the dinner of this excellent society, advertised to take place this day, and especially to the request of the stewards that those who intend to be present will give notice of their intention.

ROYAL COLLEGE OF SURGEONS IN LONDON.

List of gentlemen admitted members on Friday, May 26, 1843:—W. C. Small, D. Grantham, E. Wright, W. W. Kershaw, S. Wilson, W. G. Carter, A. T. Thomson, B. P. MacDonogh, F. Kelley, C. T. Male.

Erratum.—In the report of Mr. Houlton's paper on roots, read before the Royal Medico-Botanical Society, last Lancet, page 323, last line but two, for "tree roots," read *true roots.*